

June 2020

Published Papers

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University Hospitals Bristol and Weston NHS Foundation Trust Quality and Performance Report

Quality and Outcomes Chair's Report

Finance Committee Chair's Report



**University Hospitals
Bristol and Weston**
NHS Foundation Trust

Integrated Performance Report

June 2020

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Reporting Month: May 2020

Impact of Covid-19

Elective performance has been significantly impacted by the Covid outbreak, with lower levels of activity and lengthening waiting times.

- For April, the 62 Day GP Cancer standard was 77% against a target 85%.
- For May, the Referral To Treatment 18 week performance was 61.4% against a target of 92%.
- There were 245 patients who had been waiting 52+ weeks.
- At the end of May the 6 week diagnostic standard was at 41%, against a target of 99%

Conversely, lower levels of attendances at the Trust's emergency departments have translated into improvements in waiting time standard performance. For May, the Emergency Department 4 hour standard was 90.7% against a target of 95%.

Similarly, lower rates of referral to hospital services, has resulted in a reduction in the overall waiting list size from 40,911 in January 2020, to 34,564 in May 2020.

New Reporting Format

This month's Integrated Performance Report is in a new format, which will continue to be refined over the coming months.

This is the first month where Weston data has been integrated with Bristol data to give a combined position.

In addition, this is the first time that Venous Thromboembolism (VTE) risk assessment data has been included. Bristol is at 87% compliance (May) and Weston is at 79%.

Reporting Month: May 2020

Safe

Caring

Successes	Priorities
<ul style="list-style-type: none"> ▪ Positive inpatient experience indicated by Patient Survey at Bristol only ▪ HSMR alerts closed after improvement in Trust benchmarked position. 	<ul style="list-style-type: none"> ▪ Restart regular quality and safety audits in line with national guidance and locally e.g. , cleaning, medicines management, hand hygiene. ▪ Commence patient surveys at Weston in the absence of any patient survey data ▪ Resume full complaints function from July 1st ▪ Complete nurse staffing skill mix and establishment rev to support reconfiguration of wards to support Covid-19 patient pathways.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> ▪ Alignment of system and process for falls and tissue viability across UHWB ▪ Maintaining an increased focus on “real time management of complaints through divisional teams 	<ul style="list-style-type: none"> ▪ Infection outbreak at Weston Hospital – COVID 19 ▪ Data quality of the quality metrics from Weston site included in this report. Planned work to address risks to data quality through due diligence process has been delayed due to COVID 19 and operational priorities.

Reporting Month: May 2020

Responsive

Effective

Successes	Priorities
<ul style="list-style-type: none"> ▪ There has been a focus on the validation of the overall waiting list, resulting in a reduction of 1,100 invalid patient episodes. ▪ An increasing number of outpatient attendances are being delivered non-face-to-face including telephone and video consultation ▪ Attend Anywhere (video consultation) has been rolled out, with 58 live services. In total, 2,947 consultations have been conducted since the launch in late March. ▪ Advice and Guidance services for referring clinicians has been deployed in 54 specialities 	<ul style="list-style-type: none"> ▪ Focus on recovery of cancer performance for patients whom it is safe to treat/investigate, with a focus on clinically urgent and longest waiting patients as per national guidance ▪ Implementation of phased plan for the restoration of elective services including theatres, outpatients and diagnostic services. ▪ Use of independent sector providers to support recovery and expedite the treatment or investigation of long waiting patients. ▪ Development of action plan to address outstanding data quality issues identified at Weston during the due diligence process. The plan considers staff training and local policies.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> ▪ As part of the implementation of Medway PAS at Weston, there is an opportunity to test new functionality prior to roll out across the organisation. ▪ Weston Division are now integrated into the Trust weekly performance meetings and the Planned Care Group. ▪ There is system level agreement concerning the strategic principles for the restoration of outpatient activity post-Covid, including how some of the beneficial changes to pathways and services can be locked in. 	<ul style="list-style-type: none"> ▪ The Covid-19 pandemic will adversely affect the cancer waiting time standards performance for some time to come. The focus will be to prioritise the treatment of clinically urgent and the longest waiting patients. Risk management processes are established. ▪ The 6 week Diagnostic backlog is now at 4235 (a maximum of 80 is needed to deliver the 99% standard). This is due to the cancellation of low clinical priority elective work following national guidance. Significant breach volumes are in non-obstetric ultrasound (1,026 breaches) and MRI (1,331 breaches). ▪ There has been a significant increase in 52-week breaches during the pandemic. At the end of May, the Trust reported 245 patients who were 52 week breaches. In the short term, this is anticipated to continue to increase due to the relatively low level of routine patients being treated.

Reporting Month: May 2020

Well-Led

Successes	Priorities
<ul style="list-style-type: none"> ▪ Over 200 student nurses have been given Trust contracts, with UHBW hosting the contract arrangements for both Community and Primary Care as part of a collaborative System response to Covid-19. ▪ Successful appointment to the long outstanding vacancy of the Occupational Health Consultant in Avon Partnership Occupational Health Partnership. ▪ The increased number of inductions – up to two per week – saw 337 clinical and 70 non-clinical staff at Bristol from April to end May. Many supporting the Covid-19 response. ▪ As a result of successfully securing £600K charitable funds, wellbeing will see further investments in both staff and resources. ▪ Continuation of the operational mobilisation of donated goods across the organisation with emphasis on weekly delivery directly to COVID wards and provision of out of hour's food for staff, continues to be well received. 	<ul style="list-style-type: none"> ▪ The provision of the first quarterly Employee Relations report for the Staff Partnership Forum in partnership with Staffside ▪ Finalising unified bank pay rates for UHB and Weston bank contracts are to be approved in June 2020. These will align closer with other STP NHS partner organisations. ▪ Recruitment to new posts and implementation of the performance recovery plan for Avon Partnership Occupational Health Partnership after approved investment from the NHS Partners through their Trust Operating Planning rounds 2020/21. ▪ Progressing compliance improvement actions for Essential Training by the Corporate Education Group as outlined in four phases to December 2020, and contained within a CQC post-inspection compliance improvement action plan. The plan aims to mitigate the effects of Covid-19 on training, and improve compliance at both Bristol and Weston. ▪ Progression of the potential partnership proposal with Allocate Software to fast track the medical eRostering rollout to capitalise on the benefits evidenced through the use of HealthRoster for the Covid rosters.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> ▪ The Resourcing team are working with colleagues across the Trust to create a single 'go to guide' for on-boarding doctors to the Trust, which will provide proactive and effective support for medical appointments to the organisation. ▪ A comprehensive guide for Managers in non-clinical settings has been produced to help support staff in <i>Working safely during the Pandemic</i>. This will now be supplemented with the new national guidance on wearing face masks in non-clinical areas. ▪ Ongoing work nationally with NHSE/I Southwest Health and Wellbeing Network, undertaking regular stocktakes of the Trust's wellbeing offer which is supporting the development of a minimum standard for NHS Providers. ▪ Work with the National Staff Survey Coordination Centre to influence the 2020 Staff Survey design in light of the pandemic. 	<ul style="list-style-type: none"> ▪ A rise in high cost nurse agency supply as operational activity begins to increase, after a significant reduction in use during the pandemic, ▪ With a significant increase in the size of the NA Bank pool in response to the pandemic, but with a reduced operational hospital activity, NAs who work regularly on the Trust Staff Bank are not receiving shifts, which are affecting their ability to earn. ▪ The global pandemic and the imposed quarantine restrictions present risk to movement of people and workforce supply which would have been previously relied on. ▪ The reduction in Essential Training (ET) compliance across UHBW. This is largely due to the continuing and unavoidable impact of Covid-19 on face-to-face sessions, in both corporate inductions and (ET) updates. ▪ Reduction in appraisal compliance; further adversely affected by the pandemic. ▪ The suspension of OD work programmes linked to staff development including leadership & management development, could potentially impact on staff morale and future staff survey outcomes.

Reporting Month: May 2020

CQC Domain	Metric	Standard Achieved?
Safe	Infection Control (C. diff)	N
	Infection Control (MRSA)	Y
	Patient Falls	N
	Pressure Ulcers	Y
	Medicines Management	Y
	Essential Training	P
	Nurse Staffing Levels	N/A
	VTE Risk Assessment	N
Caring	Monthly Patient Survey	Y
	Friends & Family Test	N/A
	Patient Complaints	N

CQC Domain	Metric	Standard Achieved?
Responsive	Emergency Care - 4 Hour Standard	P
	Delayed Transfers of Care	N/A
	Referral To Treatment	P
	Referral to Treatment – 52 Weeks	N
	Cancelled Operations	Y
	Cancer Two Week Wait	N
	Cancer 62 Days	N
	Cancer 104 Days	N/A
	Diagnostic Waits	N
	Outpatient Measures	P
	Outpatient Overdue Follow-Ups	N
	Effective	Mortality (SHMI)
Mortality (HSMR)		P
Fracture Neck of Femur		N
30 Day Emergency Readmissions		N

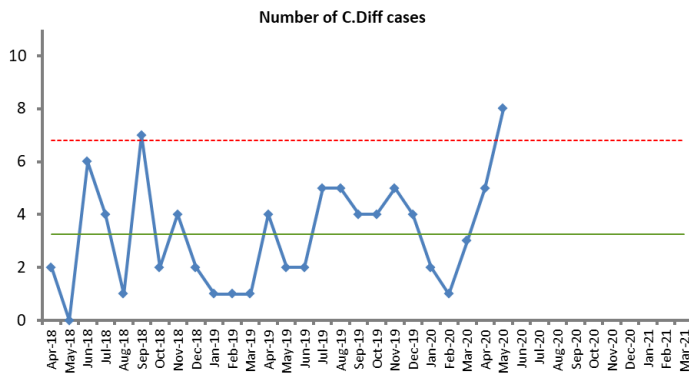
CQC Domain	Metric	Standard Achieved?
Well-Led	Bank & Agency Usage	P
	Staffing Levels – Turnover	Y
	Staffing Levels – Vacancies	Y
	Staff Sickness	Y
	Staff Appraisal	N
	Average Length of Stay	Y
Use of Resources	Performance to Plan	N/A
	Divisional Variance	N/A
	Savings	N/A

N	Not Achieved
P	Partially Achieved
Y	Achieved
N/A	Standard Not Defined

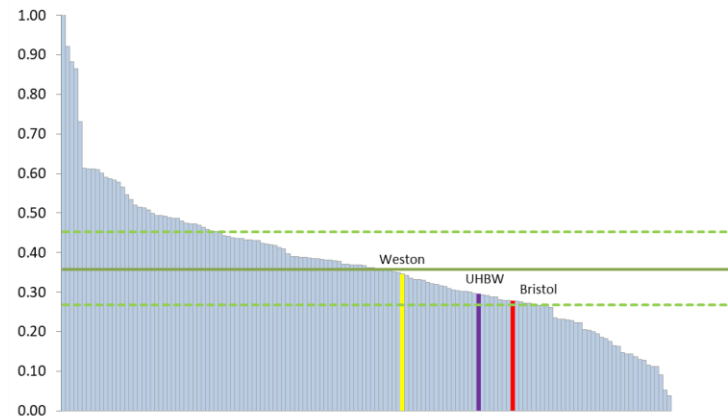
Reporting Period: May 2020

Standards:	Number of Trust Apportioned C.Diff cases to be below the national trajectory of 57 cases. This was the trajectory for 2019/20 which will be used until a new trajectory for 2020/21 is available. This gives a maximum monthly target of 4-5 cases.
Performance:	There were eight trust apportioned C.Diff cases in May 2020: 6 in Bristol and 2 at Weston
Commentary:	Since March the commissioners have ceased their review of cases of Clostridium difficile. As a result this report does not detail the number of cases attributed to the trust due to “lapse in care”. The Trust to date has not been informed of 20/21 limits for any Healthcare Associated Infections.
Ownership:	Chief Nurse

	May-20	2020/2021
Medicine	4	6
Specialised Services	2	3
Surgery	0	1
Weston	2	2
Women's and Children's	0	1
TOTAL	8	13



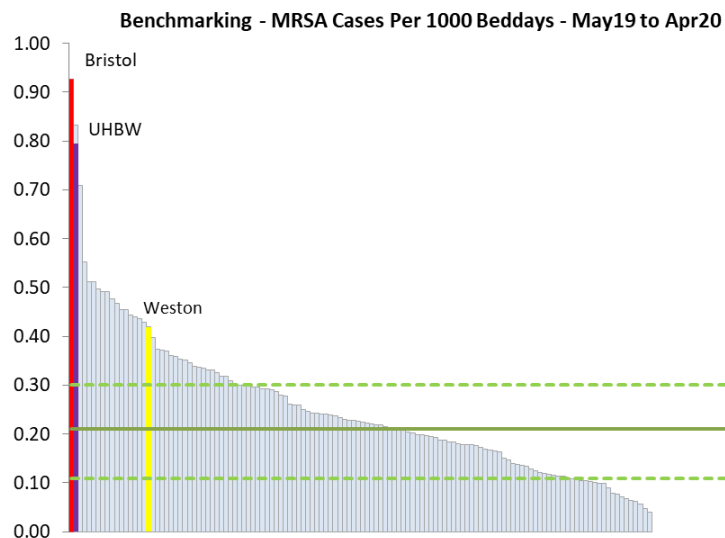
Benchmarking - C.Diff Rate Per 1000 Beddays - May19 to Apr20



Reporting Period: May 2020

Standards:	No Trust Apportioned MRSA cases.
Performance:	There were no Trust apportioned MRSA cases in May
Commentary:	All cases will have a full review undertaken to identify any learning
Ownership:	Chief Nurse

	May-20	2020/2021
Medicine	0	0
Specialised Services	0	0
Surgery	0	0
Weston	0	0
Women's and Children's	0	1
TOTAL	0	1

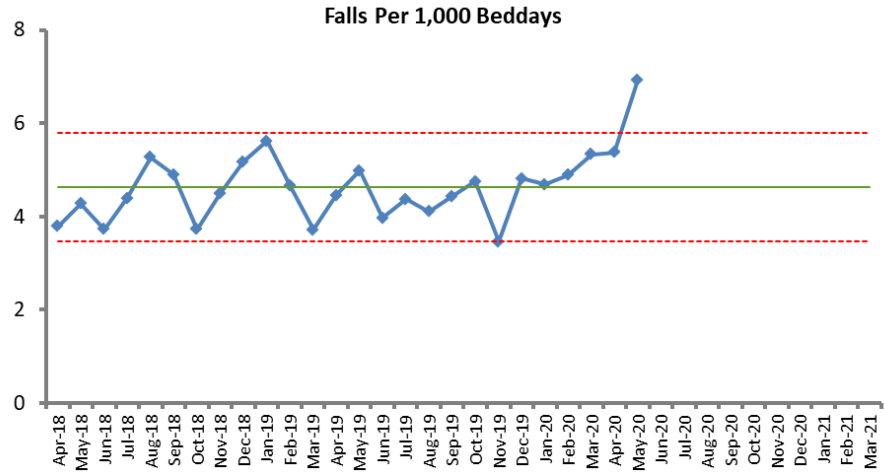


Harm Free Care – Inpatient Falls

Reporting Period: May 2020

Standards:	Inpatient Falls per 1,000 beddays to be less than 4.8. Less than 2 per month resulting in Harm (Moderate or above)
Performance:	Falls rate for May was 6.93 per 1,000 beddays. This was split between 129 falls at Bristol and 35 at Weston. There was one fall resulting in moderate harm or above.
Commentary:	The falls group will review any learning and focus in July on ensuring a consistent approach to standards of practice across UHBW.
Ownership:	Chief Nurse

	May-20	
	Falls	Per 1,000 Beddays
Medicine	89	12.35
Specialised Services	21	7.74
Surgery	17	6.64
Weston	35	6.36
Women's and Children's	2	0.35
TRUST TOTAL	164	6.93

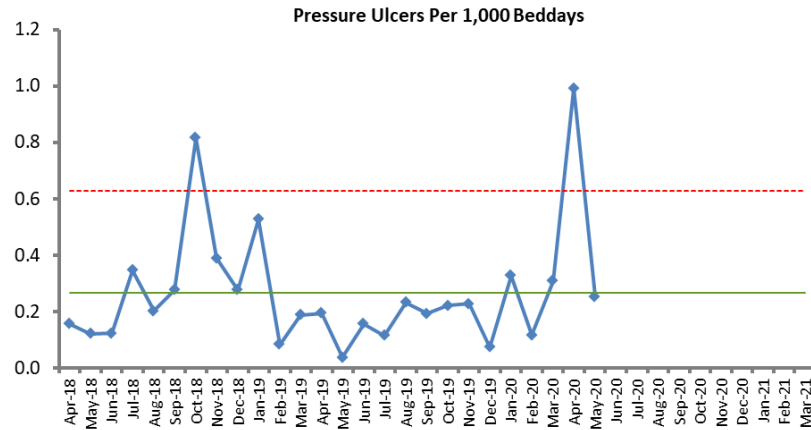


Harm Free Care – Pressure Ulcers

Reporting Period: May 2020

Standards:	Hospital acquired Pressure Ulcers to be below 0.4. No Grade 3 or 4 Pressure Ulcers
Performance:	Pressure Ulcers rate for May was 0.25 per 1,000 beddays. There were six pressure ulcers in total: 5 at Weston, 1 at Bristol. Five of the six were Category 2 and there was one Category 3 pressure ulcer.
Commentary:	In May there has been a reduction in the number of pressure injuries reported. Five category 2 injuries (Four at Weston one at Bristol) and 1 category 3 pressure ulcer (Weston). The category 3 pressure injury will be subject to a Serious Incident investigation. A process of a Tissue Viability Nurse (TVN) assessing and validating all hospital acquired pressure ulcers has started at Weston.
Ownership:	Chief Nurse

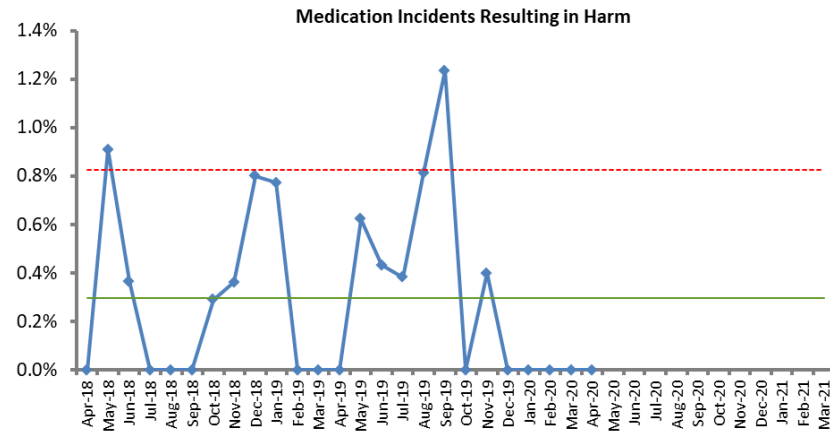
	May-20	
	Ulcers	Per 1000 Beddays
Medicine	1	0.57
Specialised Services	0	0.22
Surgery	0	0.44
Weston	5	0.91
Women's and Children's	0	0.09
TOTAL	6	0.25



Reporting Period: April 2020

Standards:	Number of medication errors resulting in harm to be below 0.5%. Note this measure is a month in arrears. Of all the patients reviewed in a month, under 0.75% to have had a non-purposeful omitted dose of listed critical medication
Performance:	3 patients (0.99%) out of 302 audited in May in the Bristol sites had an omitted dose of a critical medicine. No moderate harm medication incidents were reported in April 2020 across the UHBW Bristol and Weston sites
Commentary:	Omitted doses data were not collected in April due to the increased pharmacist focus on planning and streamlining essential tasks related to patient care during the Covid-19 pandemic. Reporting re-commenced in May, for Bristol sites. There were no moderate harm medication incidents. Nine incidents out of 174 (5.17%) reported in Bristol were minor harm incidents, four out of 20 (20%)
Ownership:	Chief Nurse

	Apr-20		
	Harm Incidents	Total Audited	Percentage
Bristol	0	174	0.00%
Weston	0	18	0.00%
TOTAL	0	192	0.00%



Reporting Period: May 2020

Standards:	Essential Training measures the percentage of staff compliant with the requirement for core essential training. The target is 90%, which was set by Bristol and has been adopted by Weston.
Performance:	In May 2020, Bristol and Weston data was combined for the first time following the organisational merger in April 2020. In May 2020, Essential Training overall compliance reduced to 88% compared to 90% the previous month (excluding Child Protection Level 3).
Commentary:	<p>May 2020 compliance for Core Skills (mandatory/statutory) training reduced to 88% overall across the eleven programmes. There were reductions in all of the programmes, the largest reduction being 5% within Resuscitation. This is the first month that Weston data has been combined with Bristol data to give a new complete organisational figure following the merger.</p> <p>Overall compliance for 'Remaining Essential Training' remained static at 93% compared to the previous month. This figure continues to exclude Weston data.</p> <p>Compliance at both sites has suffered due to the impact of Covid-19 on face-to-face (F2F) sessions, in both Corporate Induction and Essential Training updates. Adverse factors include:</p> <p>F2F Essential Training content being reduced at Induction to focus on a few core skills. A number of Essential Training programmes have been transferred to eLearning. This adds risk to compliance, as the achievement of a majority of Essential Training is no longer assured at Induction proper. Access to eLearning is granted on day one to help mitigate the risk.</p> <p>The audience capacities of F2F Essential Training sessions being reduced.</p> <p>Essential Training update sessions being cancelled in light of social distancing.</p> <p>The Corporate Education Group have oversight of a number of planned compliance improvement actions outlined in four phases to December 2020, and contained within a CQC post-inspection compliance improvement action plan.</p>
Ownership:	Director of People

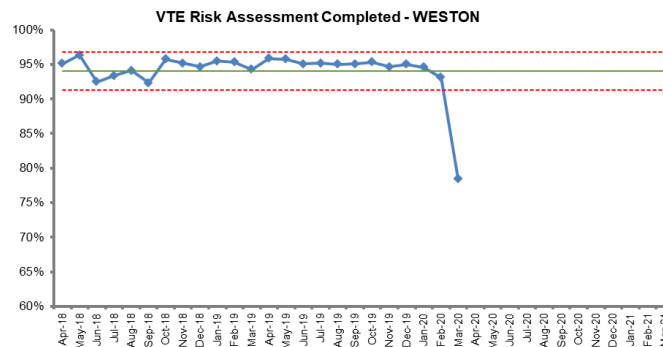
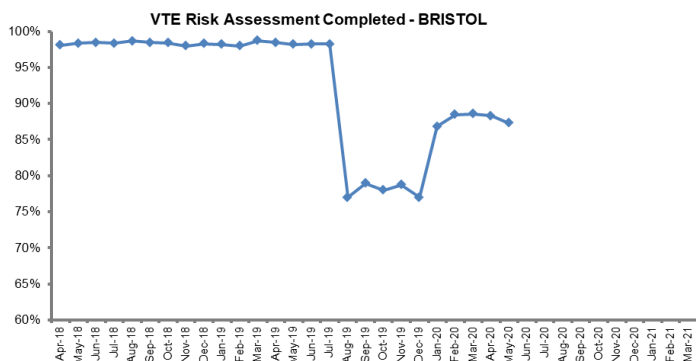
Essential Training	May-20	KPI
Equality, Diversity and Human Rights	96%	90%
Fire Safety	85%	90%
Health, Safety and Welfare (formerly Health & Safety)	92%	90%
Infection Prevention and Control	83%	90%
Information Governance	84%	95%
Moving and Handling (formerly Manual Handling)	87%	90%
NHS Conflict Resolution Training	91%	90%
Preventing Radicalisation	91%	90%
Resuscitation	75%	90%
Safeguarding Adults	90%	90%
Safeguarding Children	90%	90%

Essential Training	May-20	KPI
UHBW NHS Foundation Trust	88%	90%
Diagnostics & Therapies	93%	90%
Medicine	88%	90%
Specialised Services	90%	90%
Surgery	89%	90%
Women's & Children's	88%	90%
Trust Services	92%	90%
Facilities & Estates	90%	90%
Weston	79%	90%

Venous Thromboembolism Risk Assessment

Reporting Period: May 2020

Standards:	From 2010, Trusts have been required to report quarterly on the number of adults admitted as inpatients in the month who have been risk assessed for Venous Thromboembolism VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool. The expectation for UHBristol was to achieve 95% compliance, with an amber threshold to 90%.
Performance:	For May, Bristol achieved 87.3%. Weston captures the data quarterly and the latest data (Quarter 4 2019/20) saw Weston averaging 89% per month, but saw a significant drop from February to March.
Commentary:	At UHBristol, there was a change in reporting methodology from August 2019. Prior to this point, compliance was captured by a question as part of the discharge process; with staff having to search patient records to ascertain if a risk assessment had been completed. From August an on-line VTE Risk Assessment tool was rolled-out which enabled compliance to be measured by the presence of a completed on-line assessment, rather than an answer to a Yes/No question during the discharge process. From 2020, this was rolled-out to other areas that had not gone live in phase 1. This was managed by a VTE Steering Group with decisions on changes to reporting approved by the Medical Director.
Ownership:	Medical Director



Bristol - VTE Risk Assessment Performance

	May-20		
	Assessment Done	Total Patients	Performance
Diagnostics and Therapies	19	19	100.0%
Medicine	1,836	2,164	84.8%
Specialised Services	1,611	1,698	94.9%
Surgery	553	792	69.8%
Women's and Children's	1,261	1,377	91.6%
TOTAL	5,280	6,050	87.3%

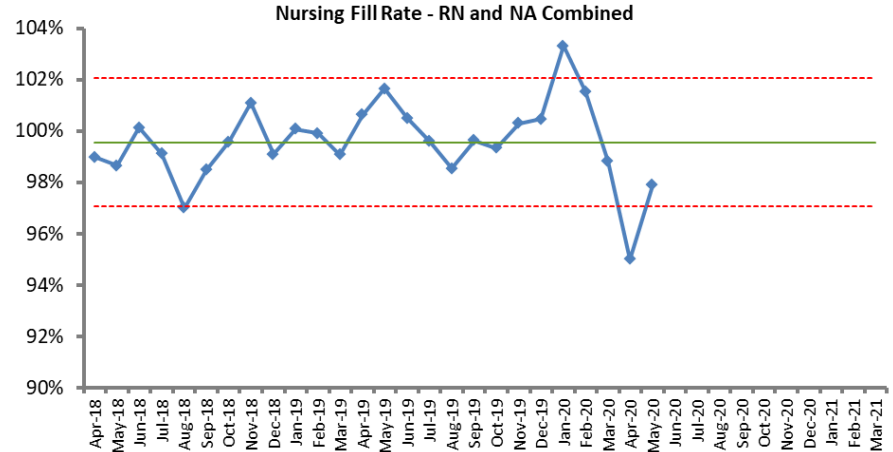
Nurse Staffing Levels

Reporting Period: May 2020

Standards:	Staffing Fill Rate is the total hours worked divided by total hours planned. A figure over 100% indicates more hours worked than planned. No target agreed
Performance:	May's overall staffing level was at 97.9% (96.0% at Weston and 98.4% across the Bristol divisions) Registered Nursing (RN) levels were at 91.9% and Nursing Assistant (NA) level was at 111.0%
Commentary:	This month includes the staffing figures for Weston Division. Overall for May 2020, the trust had 91% cover for RN's on days and 93% RN cover for nights. The unregistered level of 107% for days and 116% for nights reflects the activity seen in May 2020. This was due primarily to the Covid reconfiguration on wards and NA specialist assignments to safely care for confused or mentally unwell patients in adults at night.
Ownership:	Chief Nurse

Staffing Fill Rates: May-20

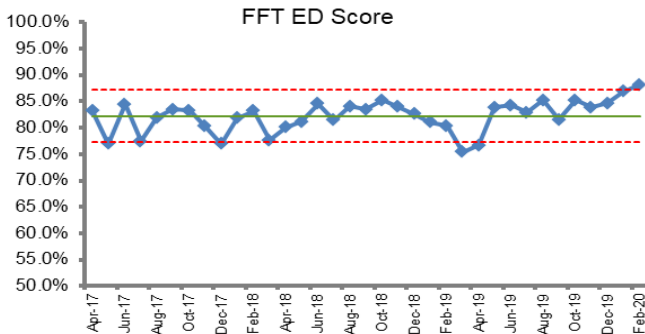
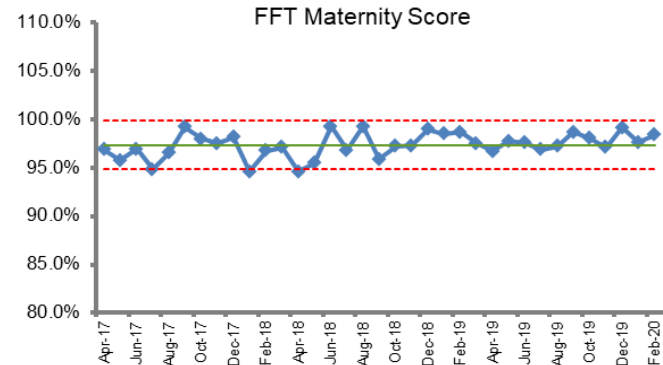
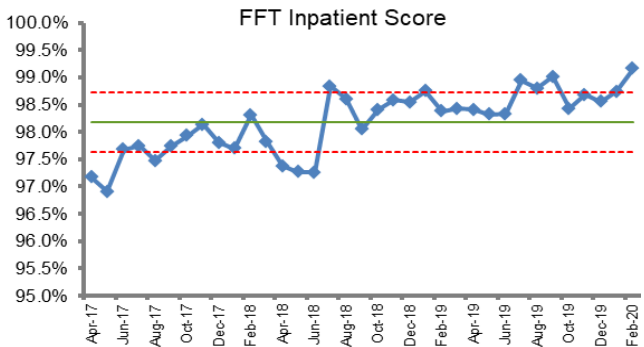
	Total	RNs	NAs
Medicine	112.3%	102.3%	123.8%
Specialised Services	96.3%	89.5%	117.6%
Surgery	86.4%	83.1%	95.7%
Weston	96.0%	79.5%	118.0%
Women's and Children's	95.9%	97.5%	89.8%
<i>Bristol Divisions</i>	<i>98.4%</i>	<i>94.3%</i>	<i>108.4%</i>
TRUST TOTAL	97.9%	91.9%	111.0%



Friends and Family Test

Reporting Month: February 2020

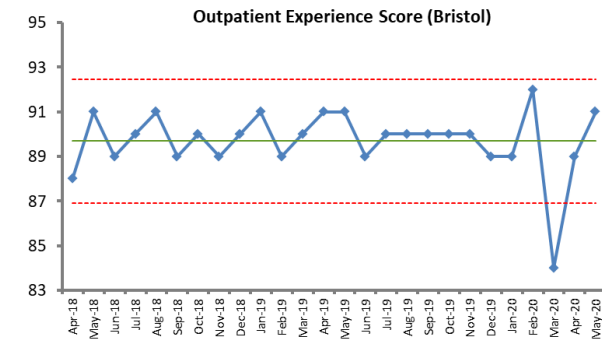
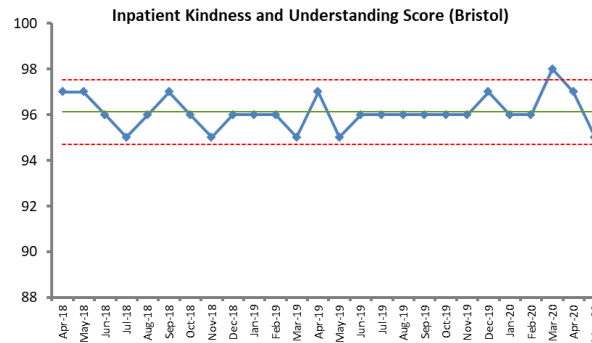
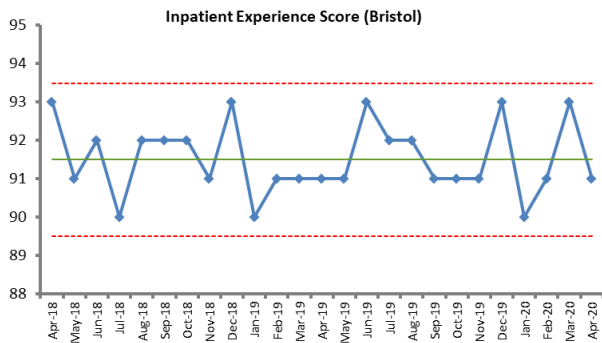
Standards:	The FFT score is the number of respondents who were likely or very likely to recommend the Trust, as a percentage of all respondents. Standard is that the score for inpatients should be above 90%. The Emergency Department minimum target is 70%.
Performance:	Nationally the Friends and Family Test has been suspended during the Covid-19 pandemic. The last data reported was February 2020, and the data and charts below show the Bristol data up to that point.
Commentary:	Nationally the Friends and Family Test has been suspended during Covid-19.
Ownership:	Chief Nurse



	Response Rate		Score	
	Feb-20	2019/2020	Feb-20	2019/2020
Inpatients				
Medicine	34.1%	39.7%	99.8%	98.1%
Surgery	32.4%	35.0%	98.9%	98.9%
Specialised Services	37.5%	38.0%	99.2%	98.8%
Women's and Children's	31.2%	31.1%	99.0%	98.7%
TOTAL	33.1%	35.5%	99.2%	98.7%
Emergency Department				
Bristol Royal Infirmary	6.9%	10.8%	78.8%	69.1%
Children's Hospital	16.4%	16.8%	81.6%	83.3%
Eye Hospital	30.8%	27.2%	96.8%	95.9%
TOTAL	15.4%	16.6%	88.1%	84.0%
Maternity				
TOTAL	21.8%	26.5%	98.4%	97.6%

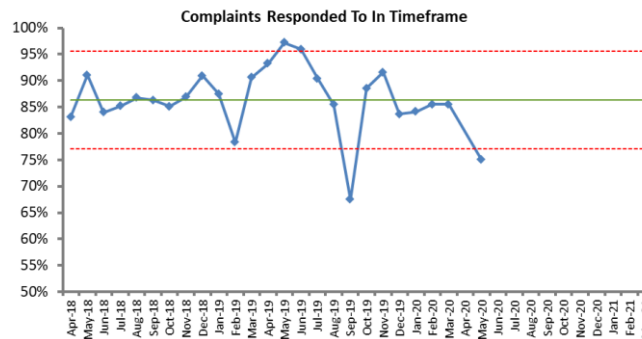
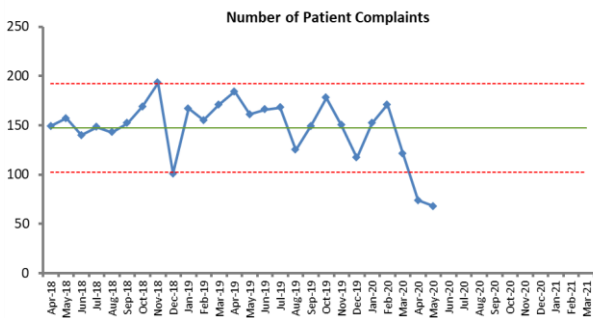
Reporting Month: May 2020

Standards:	For the inpatient and outpatient Survey, 5 questions are combined to give a score out of 100. For inpatients, the target is to achieve 87 or more. For outpatients the target is 85. For inpatients, there is a separate measure for the kindness and understanding question, with a target of 90 or over.
Performance:	For May 2020, the inpatient score was 91/100, for outpatients it was 91. For the kindness and understanding question it was 95. This is data for Bristol.
Commentary:	<p>The inpatient and outpatient headline measures exceeded their minimum target levels, indicating the continued provision of a positive inpatient experience at the Trust's Bristol hospital sites.</p> <p>The implementation of this survey programme at Weston General Hospital is included in the Trust's merger plan and the timescale for this is being expedited as currently due to the process in place for obtaining patient feedback at Weston and COVID restrictions no patient survey data is being collected.</p>
Ownership:	Chief Nurse



Reporting Month: May 2020

Standards:	For all formal complaints, 95% of them should have the response posted/sent to the complainant within the agreed timeframe, with a lower tolerance (Red) of 85%. Of all formal complaints responded to, less than 8% should be re-opened because complainant is dissatisfied, with an upper tolerance (Red) of 12%.
Performance:	In May, 68 complaints were received across Bristol and Weston. In May, 12 complaint responses were sent out, of which 9 (75%) were responded to within timeframe. Of the 69 responses sent out in March (from Bristol), 2 were re-opened due to complainant being dissatisfied with the response (2.9%).
Commentary:	<p>During May, only high risk and urgent complaints were submitted for investigation across Bristol and Weston, All new complaints that were not classified as high risk or urgent will be actioned in July when normal complaints services resume post COVID. Any complaints that could be resolved informally have been sent directly to the appropriate member of divisional staff to investigate and respond to the complainant within 5 days.</p> <p>All three of the response time breaches were attributable to delays in divisions, with two breaches for the Division of Medicine and one for the Division of Surgery. All divisions achieved a 100% response rate for informal complaints in May (39 cases).</p>
Ownership:	Chief Nurse



Number of Complaints Received

	May-20	2020/2021
Diagnostics and Therapies	2	4
Facilities and Estates	9	9
Medicine	23	38
Specialised Services	7	17
Surgery	13	26
Trust Services	1	5
Weston	6	30
Women's and Children's	7	13
TOTAL	68	142

Responses In Timeframe

	% In Timeframe	Number of Responses
Diagnostics and Therapies	0%	0
Facilities and Estates	0%	0
Medicine	50%	2
Specialised Services	0%	0
Surgery	75%	3
Trust Services	0%	0
Weston	100%	2
Women's and Children's	100%	2

Emergency Care – 4 Hour Standard

Reporting Month: April 2020

Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. Due to the Covid pandemic, trajectories for 2020/21 have not been agreed with NHS Improvement.
Performance:	Trust level performance for May was 90.7% across all four Emergency Departments (9878 attendances and 921 patients waiting over 4 hours).
Commentary:	<p>Bristol Royal Infirmary</p> <p>Triage and streaming of emergency patients at point of arrival into the correct Covid pathway continues to work well. Adult ED patient attendances continue to increase as national lockdown measures are lifted. In line with national trends, there has been a reduction in suspected Covid19 presentations and an increase in non covid19 patient attendances. During the last week in May 2020 following closure of Weston General hospital, ED attendances increased due to the transfer of Weston emergency activity. Approximately 30 Weston patients have attended each day with fluctuating conversion rates to admission.</p> <p>In May 2020, 98.8% of Fast Flow (Self presenting) attendances were seen and treated within 4 hours. Performance for patients managed and discharge in the Majors stream was 88.9% and for patients admitted to inpatient specialities 79%.</p> <p>Incidents of crowding due to surges in arrivals and compromised flow out of the department have increased as activity has increased. Urgent care services have reconfigured at pace to meet the altered demand profile from the original configuration put in place to manage the Covid19 pandemic. A413 is now open 24 hours a day to receive the Medical take in a reduced footprint due to social distancing and an ED Covid assessment/ observation unit has been established in A300.</p> <p>The percentage of patients conveyed by ambulance has increased and as ambulance queuing of these arrivals is no longer feasible due to social distancing, an area to queue suitably assessed ED patients awaiting admission has also been created in A300. Despite this Ambulance handover performance has been impacted which is a safety and patient experience concern.</p> <p>Further reconfiguration of front door services is planned to meet the new national requirements of the Covid19 recovery phase, this will require capital and workforce investment. A project group has been established to prepare to make these changes at pace once formal sign off is received.</p> <p>Bristol Royal Hospital for Children:</p> <p>The department is continuing to stream paediatric patients to ‘Red’ (COVID symptoms) and ‘Blue’ (no COVID symptoms) areas. This is being done through the creation of separate waiting areas and the use of the Observation ward for Blue patients within the existing footprint. But it is clear, especially as numbers increase, that this is not going to be sufficient for the winter.</p> <p>Attendance numbers and acuity are rising in line with national trends and issues are starting to occur in relation to crowding, social distancing and the need to prevent nosocomial infection. The unique challenge, is that every patient attendance means 2 people (parent and child) in the waiting room.</p> <p>/...continued</p>

Emergency Care – 4 Hour Standard

Reporting Month: April 2020

Standards:	Measured as length of time spent in the Emergency Department from arrival to departure/admission. The national standard is that at least 95% of patients should wait under 4 hours. Due to the Covid pandemic, trajectories for 2020/21 have not been agreed with NHS Improvement.
Performance:	Trust level performance for May was 90.7% (9878 attendances and 921 patients waiting over 4 hours).
Commentary:	<p>The 4 hour performance between March and May was around 90%. The percentage of patients assessed within 15 minutes was still around 98-99%. In June, the department converted the use of Sunflower Ward to a observation ward, which has seen an uplift in performance against the 4 hour target, currently at 93.8%.</p> <p>Paediatric Emergency Medicine needs to be ready for a unique challenge this winter with a combination of the usual winter viral peak in infants and children; additional numbers because of reduced viral immunity in children developed over the spring time whilst in lockdown; the unknown effect of schools returning to usual function; the effect of social distancing measures on waiting capacity and capacity in the hospital bed base; the continuing background threat of a COVID19 second spike.</p> <p>The department is going to need distinct and adequately resourced Red and Blue zones for children and families both for clinical assessment and for waiting, whilst also ensuring full operational capacity to manage the highest acuity paediatric emergencies and to serve as the paediatric major trauma centre. It will also need to run its observation bed capacity and consider additional measures to improve flow such as creating surgical and medical assessment functions. This should be co-located as much as possible to avoid spreading paediatric emergency care too thinly across the hospital. An operation delivery group has been established to work through options.</p> <p>Weston General Hospital</p> <ul style="list-style-type: none">▪ The Trust has been in OPEL 2 for a proportion of the month of May except for 3 days where they were OPEL 3▪ The Emergency Department has been closed since Monday 25th May 2020 due to high number of COVID19 positives within the bed base and therefore restrictions in the zonings▪ Breaches reduced in comparison to attendances▪ Ambulance performance improved overall although the number of conveyances were down▪ During the time the department have been renewing their knowledge skill base and attending training▪ All operational planning and engagement with Bristol and communication done via online portals <p>/...continued</p>

Emergency Care – 4 Hour Standard

Reporting Month: May 2020

Commentary:	<p>Bristol Eye Hospital</p> <p>In May, BEH ED attendances increased by 34% on April numbers, yet the total number of patients breaching remained the same as the previous month (9 patients).</p> <p>The BEH ED is currently seeing approximately 65% of expected historic demand. Due to lack of outpatient follow up availability there is an increase in level of care provided to patients to prevent further hospital appointments. This has meant that some patients have stayed longer in the department than usual.</p> <p>BEH ED continues to offer telephone support to referrers and enhanced nursing triage to assist with the management of ED patients during the pandemic</p> <p>Reconfiguration of space & change to entry/queueing system:</p> <p>Up until week of 8th June BEH ED had relocated to BEH outpatients to allow the creation of a “Blue zone” in the area usually occupied by BEH ED. Due to the very small number of ED patients now identified as ?Covid a temporary alternative location has been found for the Blue zone and this has allowed BEH ED to return to its usual footprint. Estates works are required to create a permanent Blue zone solution and to allow throughput to be maximised in the main BEH ED given social distancing requirements. This work is likely to take up to 12 weeks from point of approval.</p> <p>Variation in times of patient arrival has led to periods of queuing outside the department whilst patients are triaged. This is most challenging prior to 8.30am which is when the department opens, and the time at which peak demand is seen. The queue is overseen by clinical staff and action taken where appropriate to bring forward urgent or vulnerable patients. Updated advice for GPs, Optometrists and the website is being formulated to keep primary care updated of the situation and reduce patients attending at the most busy time. The Division is conducting an ongoing review of space and adjacent accommodation to improve the situation for patients.</p>
Ownership:	Chief Operating Officer

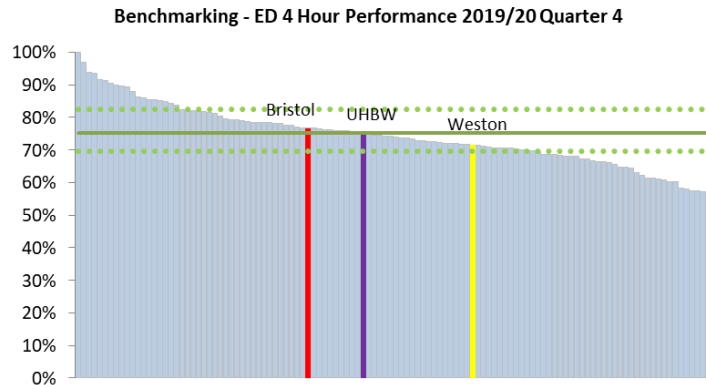
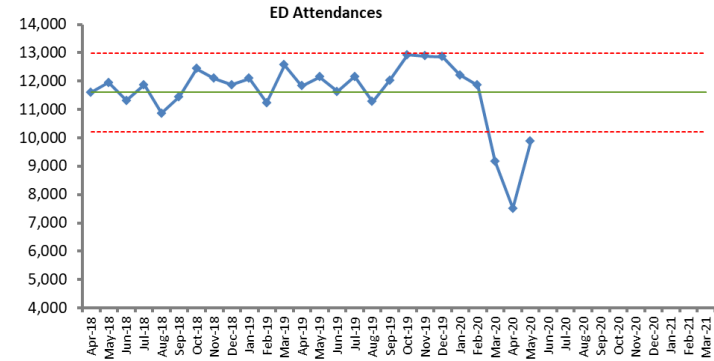
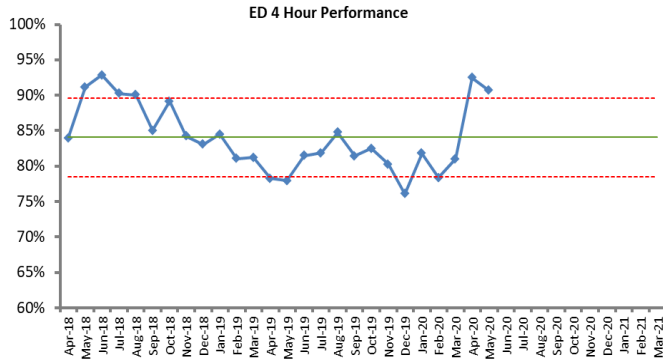
4 Hour Performance	May-20	2020/2021
Bristol Royal Infirmary	89.8%	90.3%
Bristol Children's Hospital	90.3%	90.3%
Bristol Eye Hospital	99.3%	99.3%
Weston General Hospital	87.4%	90.3%

Total Attendances	May-20	2020/2021
Bristol Royal Infirmary	4,034	6,813
Bristol Children's Hospital	1,791	3,160
Bristol Eye Hospital	1,301	2,268
Weston General Hospital	2,094	4,062

Emergency Care – 4 Hour Standard



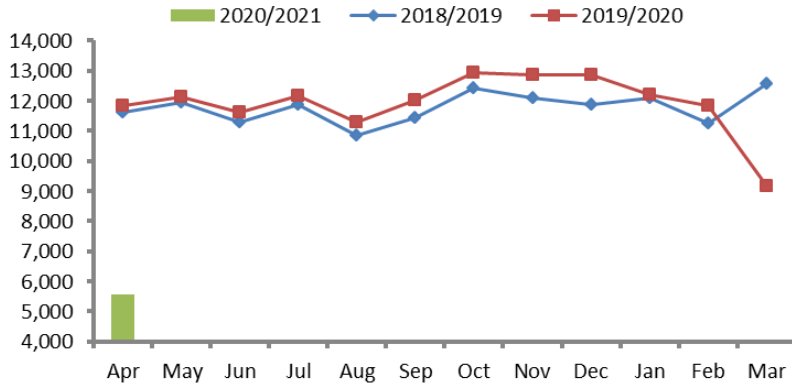
Reporting Month: May 2020



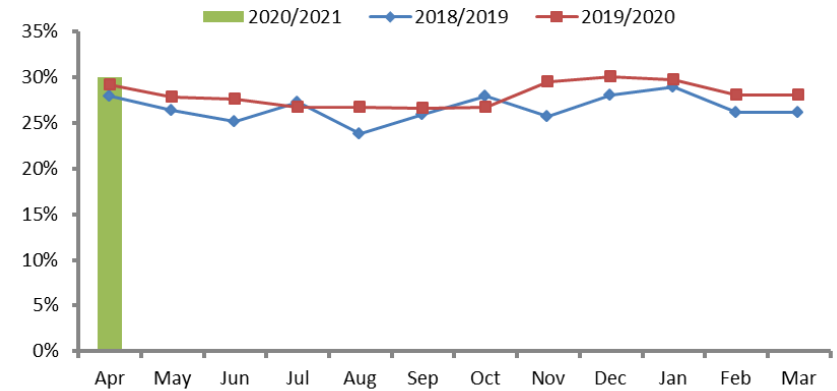
Emergency Care – Supporting Information

Reporting Month: May 2020

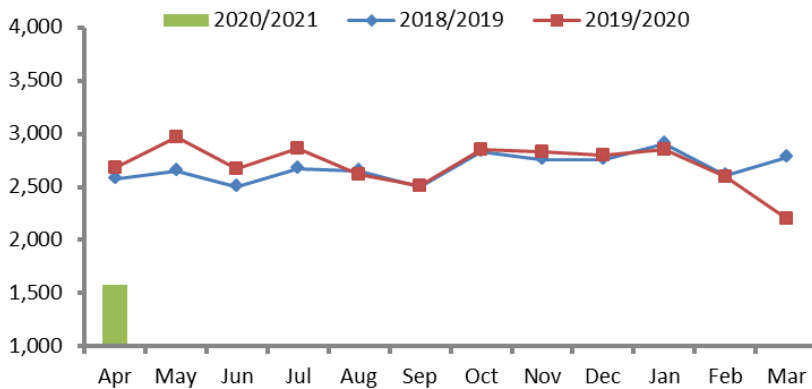
Emergency Department Attendances



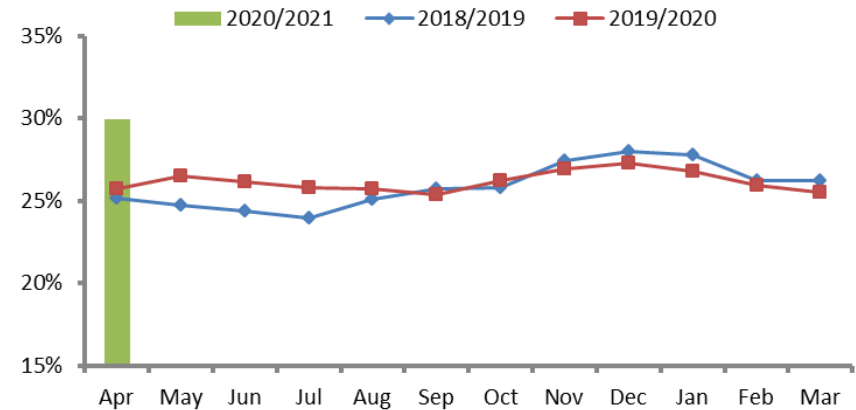
Percentage of Emergency BRI Spells - Patients Aged 75+



Emergency Inpatient Activity (BRI Discharges)



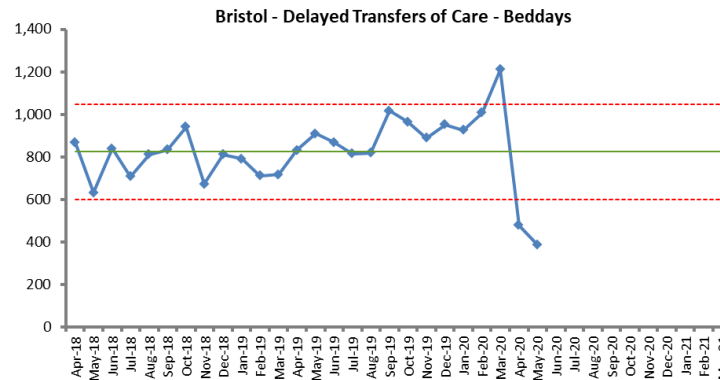
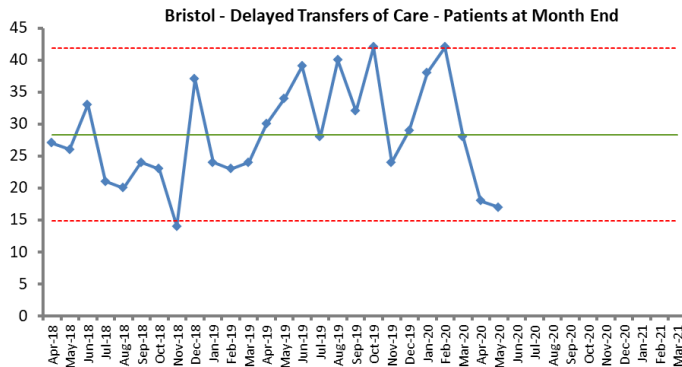
Percentage of ED Attendances Resulting in Admission



Delayed Transfers of Care

Reporting Month: April 2020

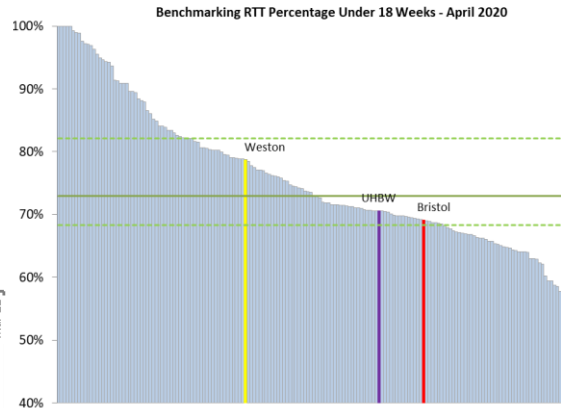
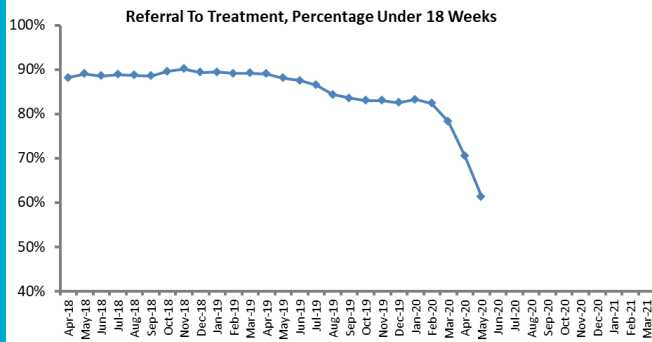
Standards:	Patients who are medically fit for discharge should wait a “minimal” amount of time in an acute bed.
Performance:	At the end of May there were 17 Delayed Transfer of Care patients in Bristol (including 7 at South Bristol), and 479 beddays consumed by DToC patients. Note Weston data will be included from next month.
Commentary:	<p>Bristol:</p> <p>In May 2020, 255 Single Referral Forms (SRFs) were managed by the Integrated Care Bureau (ICB). 76 were for Pathway 1, 41 for Pathway 2 (15 of which were for SBCH) and 29 for Pathway 3. 50 SRFs were managed for North Somerset and 13 for South Glos. The Integrated Discharge Service (IDS) continues to manage the COVID Discharge Situation Report for all the wards across the Trust on a daily basis as well as managing patients on the Green to Go list.</p> <p>Care Home Selection (CHS) is helping reduce delays for self-funding patients by sourcing long term care either at home or an intermediate care setting. The IDS continues to manage all the CHC fast track referrals (20 in May) and works closely with partners on the very complex discharges.</p>
Ownership:	Chief Operating Officer



Referral To Treatment

Reporting Month: May 2020

Standards:	The number of patients on an ongoing Referral to Treatment (RTT) pathway and the percentage that have been waiting less than 18 weeks. The national standard is that over 92% of the patients should be waiting under 18 weeks. NHS England / Improvement also issued guidance that Trusts should aim to reduce the overall waiting list size, with Trusts being expected to reduce from the end of January 2020 volume. The combined waiting list was 40,911 (34,229 at Bristol and 6,682 at Weston).
Performance:	At end of May, 61.4% of patients were waiting under 18 week (21,213 under 18 weeks and total waiting list of 34,564).
Commentary:	During the initial response to the Covid-19 pandemic, the Trust followed national guidance in suspending routine patient appointments and procedures. The focus was on ensuring the appropriate safety netting for patients that had their attendance cancelled or deferred. In April, the NHS entering the second stage of the response to Covid-19, and Trusts were asked to provide urgent activity at pre-Covid levels, and, where capacity permits, to restart routine electives, prioritising long waiters first. A Trustwide process has been instituted to prioritise the restoration of elective clinical activity. A phased plan is being implemented to restore elective activity throughout June and July. A comprehensive assessment has been undertaken of PPE, imaging and medicines requirements. The Trust has also been focussing on making use of the independent sector capacity, as part of a national contract, for theatre, cath lab and diagnostic activity.
Ownership:	Chief Operating Officer



	May-20		
	Under 18 Wks	Total Waiting	Performance
Diagnostics and Therapies	31	36	86.1%
Medicine	2,299	3,076	74.7%
Specialised Services	2,165	3,845	56.3%
Surgery	9,280	17,001	54.6%
Weston	3,570	4,938	72.3%
Women's and Children's	3,868	5,668	68.2%
TOTAL	21,213	34,564	61.4%

Referral To Treatment – 52 Weeks

Reporting Month: May 2020

Standards:	No patient should wait longer than 52 weeks for treatment
Performance:	At end of May, 245 patients were waiting 52+ weeks.
Commentary:	The majority of the potential 52 week breach patients that were dated prior to the Covid-19 pandemic were cancelled due to the need to free-up capacity for Covid patients. This has resulted in an unprecedented number of breaches; during 2019 the average number of 52+ week breaches at month-end was 11. When routine services resume, these patients will be given dates for treatment as a priority
Ownership:	Chief Operating Officer

	May-20
Diagnosics and Therapies	0
Medicine	0
Specialised Services	22
Surgery	135
Weston	61
Women's and Children's	27
TOTAL	245

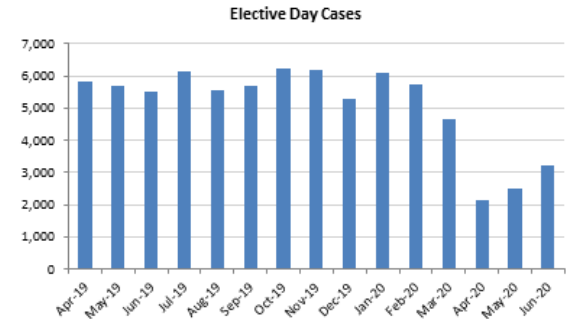
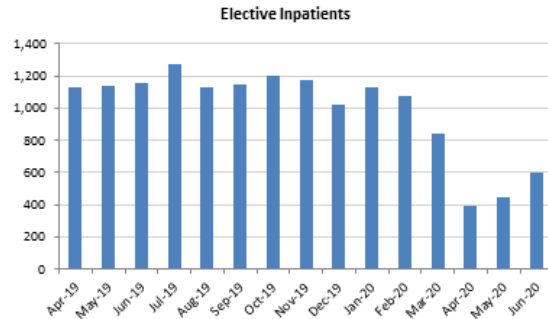
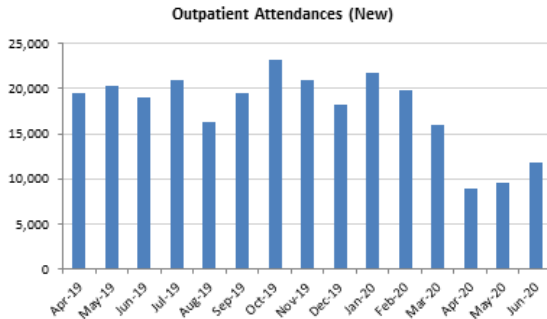
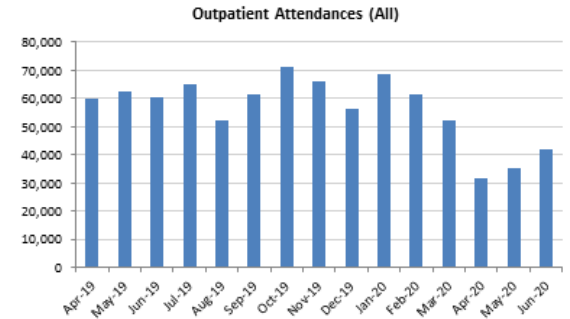
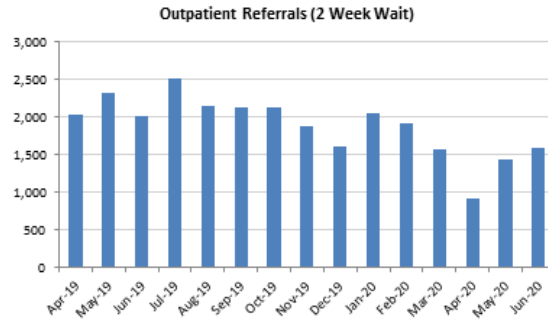
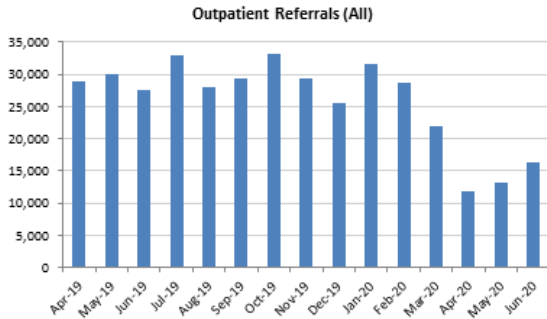
Bristol	
National Specialty	52+ Week Patients
Cardiac Surgery	2
Cardiology	14
Clinical Genetics	6
Colorectal Surgery	16
Dental Medicine Specialties	2
ENT	4
Gastroenterology	2
Gynaecology	1
Maxillo Facial Surgery	27
Ophthalmology	13
Oral Surgery	22
Orthodontics	3
Paediatric Dentistry	14
Paediatric Dermatology	1
Paediatric Maxillo-facial Surgery	3
Paediatric Neurosurgery	1
Paediatric Ophthalmology	1
Paediatric Plastic Surgery	2
Paediatric Respiratory Medicine	1
Paediatric Surgery	3
Paediatric Trauma and Orthopaedics	1
Paediatric Urology	17
Restorative Dentistry	2
Thoracic Surgery	4
Trauma & Orthopaedics	9
Upper GI Surgery	13
Bristol Total	184

Weston	
National Specialty	52+ Week Patients
Cardiology	3
Colorectal Surgery	5
Gastroenterology	1
Gynaecology	1
Respiratory Medicine	1
Rheumatology	1
Trauma & Orthopaedics	40
Urology	9
Weston Total	61

Elective Activity – Supporting Information

Reporting Month: June 2020

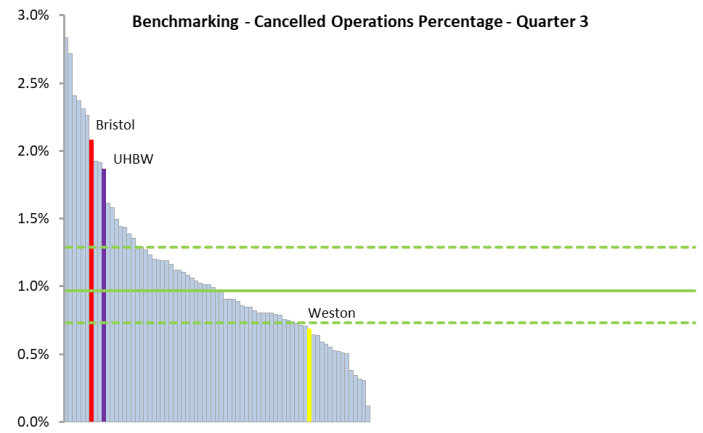
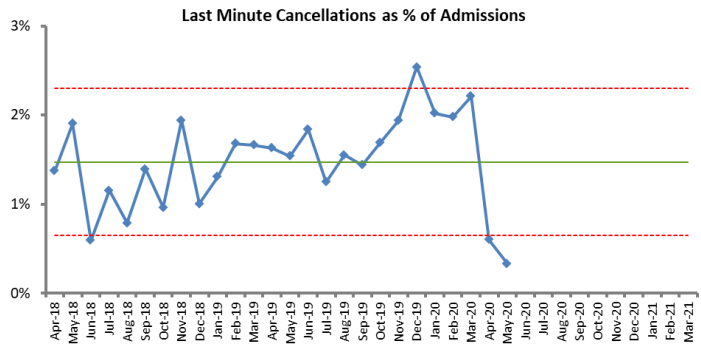
BRISTOL PLANNED ACTIVITY AND REFERRALS APRIL 2019 TO JUNE 2020
June 2020 data is 1st to the 14th factored-up (by working days) for a full month estimate



Cancelled Operations

Reporting Month: May 2020

Standards:	For elective admissions that are cancelled on the day of admission, by the hospital, for non-clinical reasons: (a) the total number for the month should be less than 0.8% of all elective admissions (b) 95% of these cancelled patients should be re-admitted within 28 days
Performance:	In May, there were 9 last minute cancellations, which was 0.3% of elective admissions. Of the 13 cancelled in April, 9 (69%) had been re-admitted within 28 days (note: at present, this is Bristol data only).
Commentary:	The significant reduction in elective activity due to Covid resulted in far fewer last minute cancellations. Bristol averaged 116 and Weston averaged 14 per month in 2019/20.
Ownership:	Chief Operating Officer

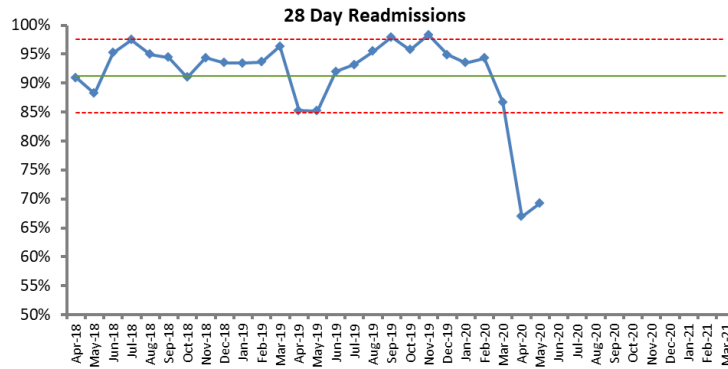
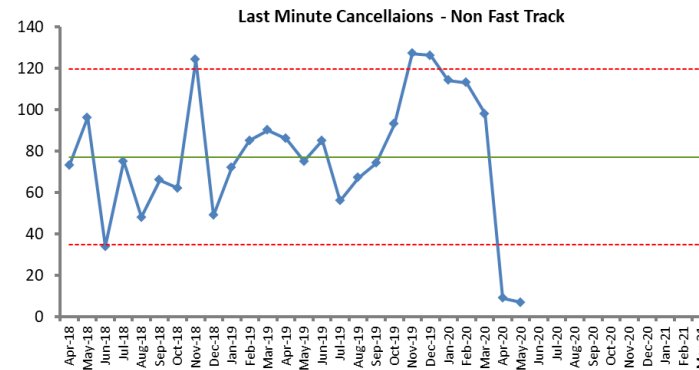
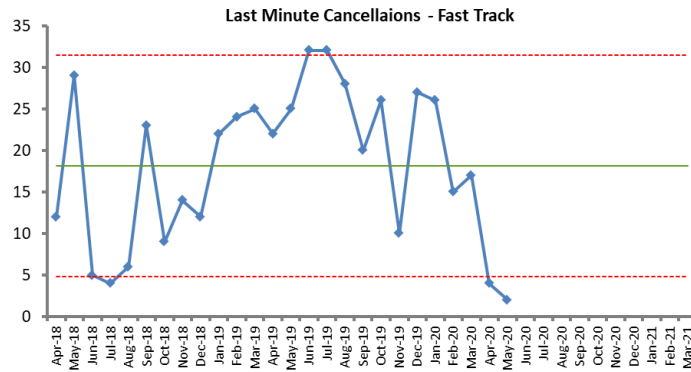


LAST MINUTE CANCELLATIONS	May-20	2020/2021
Diagnostics and Therapies	0	0
Medicine	0	3
Specialised Services	5	7
Surgery	0	2
Weston	0	1
Women's and Children's	4	10
TRUST TOTAL	9	23

Cancelled Operations

Reporting Month: May 2020

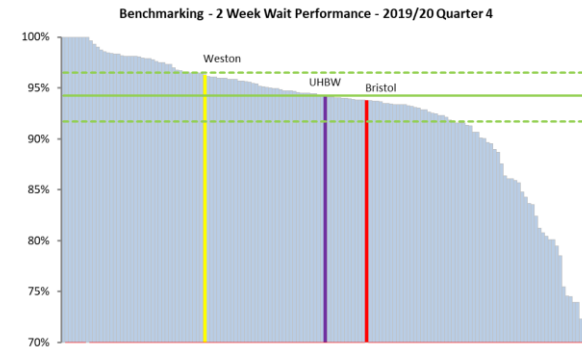
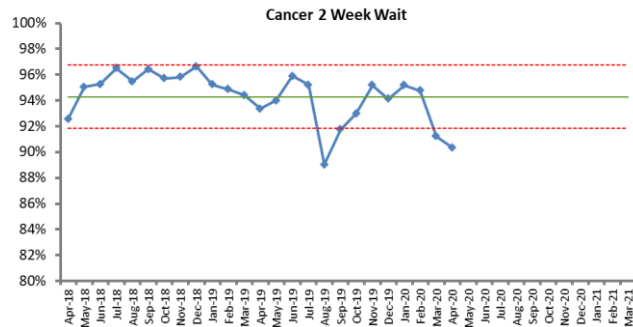
Bristol data only



Cancer Two Week Wait

Reporting Month: April 2020

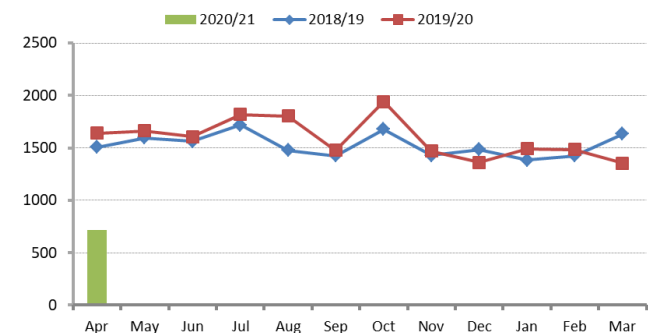
Standards:	Urgent GP-referred suspected cancer patients should be seen within 2 weeks of referral. The national standard is that 93% of patients should be seen within this standard
Performance:	For April, 90.3% of patients were seen within 2 weeks (646 out of 715 patients). Please note that the data presented is the combined Bristol and Weston performance from April onwards.
Commentary:	The standard was not achieved in April due to the Covid-19 epidemic, as patients whose appointments were cancelled in March were seen in newly established telephone clinics in April. Patient choice was also a factor, but less significantly so, due to most appointments being via telephone and patients having fewer competing demands on their time during lockdown. It is anticipated that performance will recover from May.
Ownership:	Chief Operating Officer



2 Week Wait - Apr-20

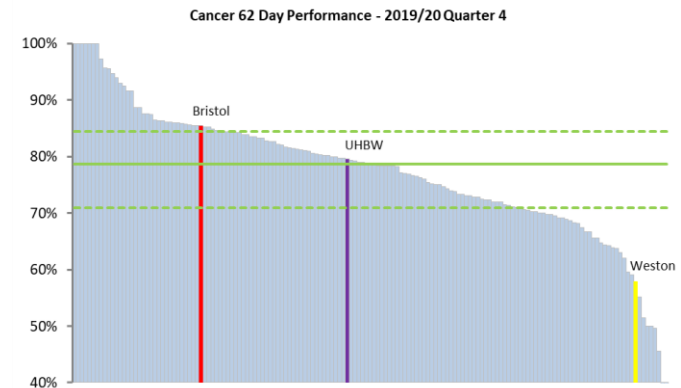
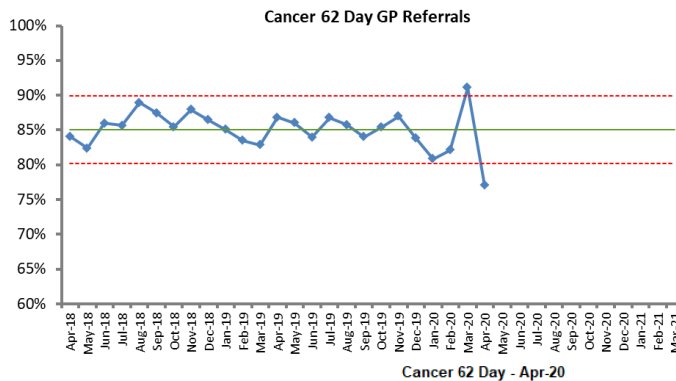
	Under 2 Weeks	Total Pathways	Performance
Other suspected cancer	3	3	100.0%
Suspected children's cancer	4	4	100.0%
Suspected gynaecological cancers	89	95	93.7%
Suspected haematological malignancies excl	10	10	100.0%
Suspected head and neck cancers	179	210	85.2%
Suspected lower gastrointestinal cancers	91	99	91.9%
Suspected lung cancer	14	14	100.0%
Suspected skin cancers	245	263	93.2%
Suspected upper gastrointestinal cancers	11	17	64.7%
Grand Total	646	715	90.3%

2 Week Wait - Patients Seen

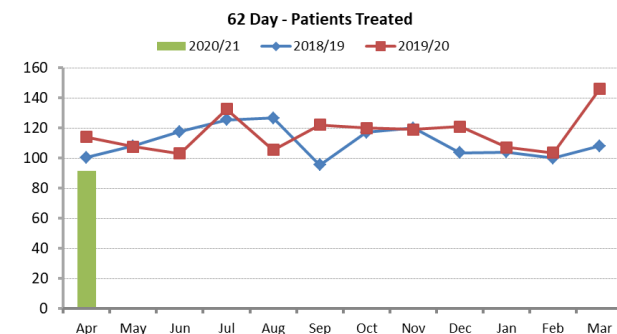


Reporting Month: April 2020

Standards:	Urgent GP-referred suspected cancer patients should start first definitive treatment within 62 days of referral. The national standard is that 85% of patients should start their definitive treatment within this standard.
Performance:	For April, 77.0% of patients were seen within 62 days (70.5 out of 91.5 patients). Please note that the data presented is the combined Bristol and Weston performance from April onwards
Commentary:	The standard was not compliant in April, due to the impact of the Covid-19 outbreak on services, which accounted for 43% breaches and without which the standard would have been achieved. The month also saw a decreased denominator due to reduced activity, which increased the impact in percentage term of the breaches – this decreased denominator was despite the addition of activity from Weston. Most of the breaches were patient choice (much of which also related to the Covid epidemic) and deferrals for clinical reasons.
Ownership:	Chief Operating Officer



	Within Target	Total Pathways	Performance
Breast	0.5	0.5	100.0%
Gynaecological	6.0	7.5	80.0%
Haematological	4.5	7.5	60.0%
Head and Neck	12.5	15.5	80.6%
Lower Gastrointestinal	2.5	7.5	33.3%
Lung	8.0	10.0	80.0%
Other	0.5	0.5	100.0%
Sarcoma	3.0	3.0	100.0%
Skin	18.5	21.5	86.0%
Upper Gastrointestinal	8.0	11.5	69.6%
Urological	6.5	6.5	100.0%
Grand Total	70.5	91.5	77.0%

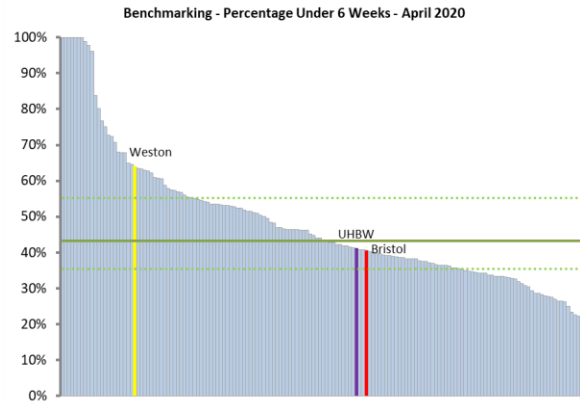
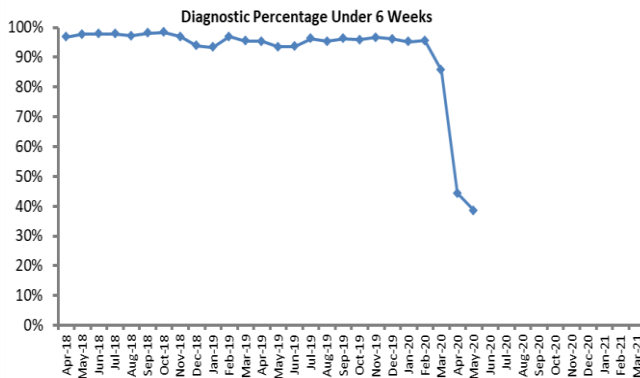


Reporting Month: Snapshot taken 03/05/2020

Standards:	This is not a constitutional standard but monitored by regulators in conjunction with the 62 day standard for cancer treatment after a GP referral for suspected cancer. Trusts are expected to have no patients waiting past day 104 on this pathway for inappropriate reasons (i.e. those other than patient choice or clinical reasons).
Performance:	Prior to Covid-19 outbreak the Trust consistently had 0 patients waiting over 104 days for inappropriate reasons. On 3 rd May 2020, there were a total of 54 patients waiting past day 104 on this pathway, 14 of whom were delayed for reasons other than patient choice, clinical decision, or recent receipt from another provider.
Commentary:	Of those waiting for 'inappropriate' reasons, 13 had exceeded 104 days on a pathway due to the suspension of the endoscopy service in line with national guidance due to the Covid-19 outbreak. The service reopened in late May although is not able to run at full capacity due to the necessary infection control measures for these procedures whilst Covid-19 remains a risk. The one other patient was delayed due to insufficient capacity as a result of the impact of the outbreak, the patient was clinically safe to be deferred and this had been explained by the clinical team to the patient and agreed by them. 104 day waiters are monitored and reported weekly and waiting list management processes have been refocussed to enhance oversight of this cohort of patients at the current time. All patients in this cohort are regularly clinically reviewed to check for potential harm from their waiting time, with action taken as appropriate if risk is identified. The majority of patients in this group will go on to have cancer excluded. Currently no waiting patient has been identified as at risk of harm from their waiting time.
Ownership:	Chief Operating Officer

Reporting Month: May 2020

Standards:	Diagnostic tests should be undertaken within a maximum 6 weeks of the request being made. The national standard is that 99% of patients referred for one of the 15 high volume tests should have their test carried-out within 6 weeks, as measured by waiting times at month-end.
Performance:	At end of May, 41.4% of patients were waiting under 6 week, with 8633 patients in total on the waiting list. This is Bristol and Weston combined.
Commentary:	The Diagnostic wait time standard has been impacted significantly by the Covid-19 pandemic. Most low clinical priority elective diagnostics have been cancelled to allow capacity to be re-allocated to diagnostic work for Covid-19 inpatients. From April 2019 to February 2020, the Trust averaged 392 6+ week breaches at month-end. This has now increased to 4,235 and represents over half of the diagnostic waiting list. Additional diagnostic capacity is being utilised for Endoscopy, MRI, CT and ultrasound at Prime Endoscopy, St Joseph's Newport, Care UK, the Nuffield, and the Spire.
Ownership:	Chief Operating Officer

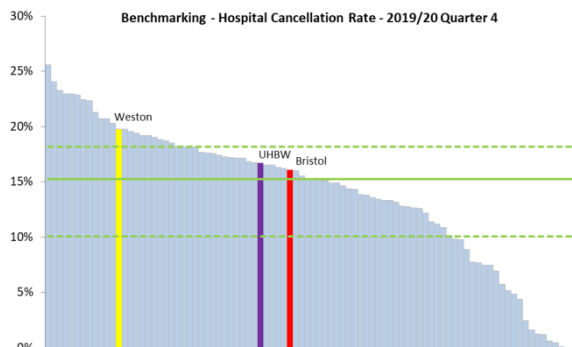
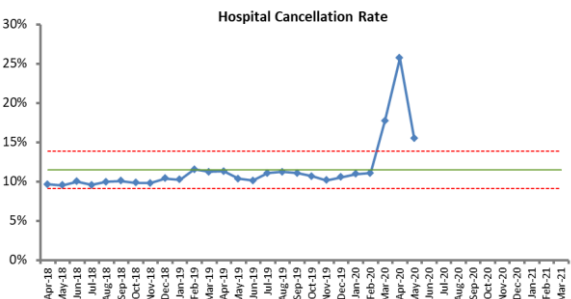
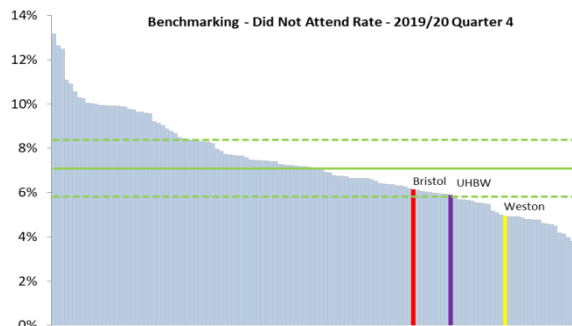
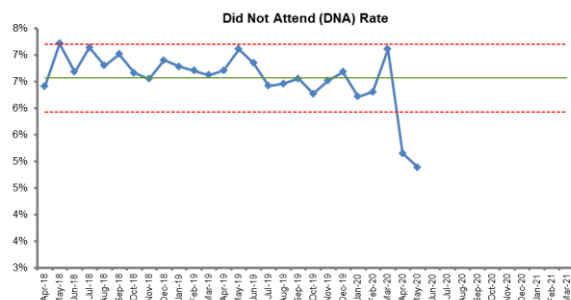


	May-20		
	Under 6 Weeks	Total On List	% Under 6 Weeks
Audiology	140	289	48%
Colonoscopy	182	643	28%
CT	734	1,130	65%
Cystoscopy	3	6	50%
DEXA Scan	122	313	39%
Echocardiography	589	1,192	49%
Flexi Sigmoidoscopy	65	241	27%
Gastroscopy	232	725	32%
MRI	628	2,037	31%
Neurophysiology	35	110	32%
Sleep Studies	2	2	100%
Ultrasound	845	1,945	43%
TOTAL	3,577	8,633	41%

Weston	482	742	65%
Bristol	3,095	7,891	39%

Reporting Month: May 2020

Standards:	The number of outpatient appointments where the patient Did Not Attend (DNA), as a percentage of all attendances and DNAs The Hospital Cancellation Rate is the number of outpatient appointments cancelled by the hospital, as a percentage of all outpatient appointments made. The DNA Target at Trust level is to be below 6.7%, with an amber tolerance of between 6.7% and 7.2%. For Hospital Cancellations, the target is to be on or below 9.7% with an amber tolerance from 10.7% to 9.7%.
Performance:	In May the DNA Rate was 4.9% across Bristol and Weston, with 2051 DNA'ed appointments. The Hospital Cancellation Rate was 15.5% with 9500 hospital cancelled appointments.
Commentary:	The exceptional Hospital Cancellation rate in March and April reflects the impact of the Covid-19 pandemic, as significant numbers of appointments were cancelled or re-arranged to free staff capacity and resources for the expected Covid cases. Of the appointments that were not cancelled, the DNA rate fell significantly, beyond the historic process limits (see chart below).
Ownership:	Chief Operating Officer



	May-20	
	DNAs	DNA Rate
Diagnostics and Therapies	218	4.4%
Medicine	432	8.2%
Specialised Services	377	4.4%
Surgery	302	3.6%
Weston	194	3.6%
Women's and Children's	528	5.6%

	May-20	
	Cancellations	Rate
Diagnostics and Therapies	248	4.4%
Medicine	1,097	15.9%
Specialised Services	1,556	13.2%
Surgery	2,776	17.9%
Weston	2,397	27.8%
Women's and Children's	1,426	11.2%

Outpatient Overdue Follow-Ups

Reporting Month: April 2020

Standards:	This measure looks at referrals where the patient is on a "Partial Booking List", which indicates the patient is to be seen again in outpatients but an appointment date has not yet been booked. Each patient has a "Date To Be Seen By", from which the proportion that are overdue can be reported. The current aim is to have no-one more than 12 months overdue.
Performance:	As at end of May, number overdue by 12+ months is 1191 and overdue by 9+ months is 1928.
Commentary:	The focus remains on two specialties: Trauma & Orthopaedics and Clinical Genetics. Please note that although there is an increase in these volumes it is confined to two specialties with known capacity issues. The Trust overall has made significant improvements since 2017 when the numbers overdue by 12+ months stood at 4,500. Weston data was not available for inclusion this month.
Ownership:	Chief Operating Officer

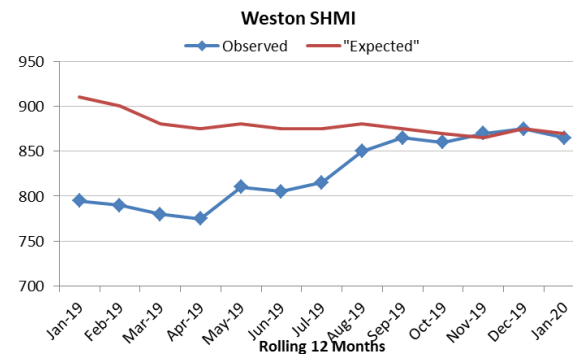
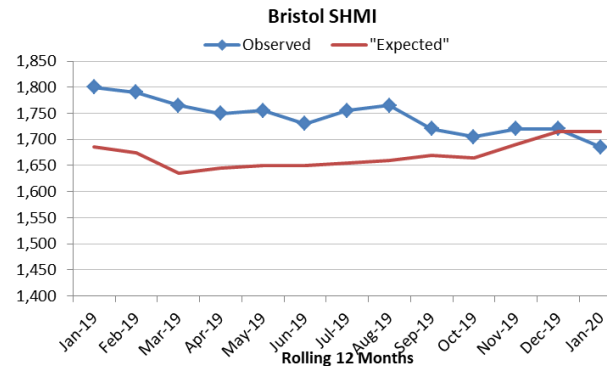
		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Outpatients Overdue by 12+ Months	Diagnostics and Therapies	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Medicine	3	3	3	3	3	3	1	1	1	4	4	1	3	4
	Specialised Services	0	34	62	90	136	183	274	321	348	418	460	456	378	225
	Surgery	61	62	66	91	135	214	243	309	362	487	543	597	763	938
	Women's and Children's	150	46	3	0	2	2	5	2	2	0	1	2	11	24
	TRUST TOTAL 12+ months	214	145	134	184	276	402	523	633	713	909	1,008	1,056	1,155	1,191
Outpatients Overdue by 9+ Months	Diagnostics and Therapies	0	0	2	0	0	0	0	0	0	0	0	0	0	0
	Medicine	4	3	3	4	4	5	5	6	7	27	93	171	208	75
	Specialised Services	181	261	278	323	392	450	503	536	569	619	661	659	555	306
	Surgery	264	272	333	450	499	586	630	724	858	1,052	1,131	1,182	1,371	1,452
	Women's and Children's	349	174	128	111	101	66	62	61	51	63	46	38	67	95
	TRUST TOTAL 9+ months	798	710	744	888	996	1107	1200	1327	1485	1761	1931	2050	2201	1928

Reporting Month: January 2020

Standards:	This is the national measure published by NHS Digital .It is the number of actual deaths divided by “expected” deaths, multiplied by 100. The Summary Hospital Mortality Indicator (SHMI) covers deaths in-hospital and deaths within 30 days of discharge. It is now published monthly and covers a rolling 12 –month period. Data is published 6 months in arrears.
Performance:	This is nationally published data up to end of January 2020, so Bristol and Weston are reported separately by NHS Digital. The SHMI for Bristol is 98.3 and for Weston it is 99.4. Both Trusts were in the “As Expected” category.
Commentary:	The Trust Quality Intelligence Group maintains surveillance of all mortality indicators, drilling down to speciality level if required. Please also see the narrative for HSMR below.
Ownership:	Medical Director

Rolling 12 Month SHMI

	Bristol			Weston		
	Observed	"Expected"	SHMI	Observed	"Expected"	SHMI
Jan-19	1,800	1,685	106.8	795	910	87.4
Feb-19	1,790	1,675	106.9	790	900	87.8
Mar-19	1,765	1,635	108.0	780	880	88.6
Apr-19	1,750	1,645	106.4	775	875	88.6
May-19	1,755	1,650	106.4	810	880	92.0
Jun-19	1,730	1,650	104.8	805	875	92.0
Jul-19	1,755	1,655	106.0	815	875	93.1
Aug-19	1,765	1,660	106.3	850	880	96.6
Sep-19	1,720	1,670	103.0	865	875	98.9
Oct-19	1,705	1,665	102.4	860	870	98.9
Nov-19	1,720	1,690	101.8	870	865	100.6
Dec-19	1,720	1,715	100.3	875	875	100.0
Jan-20	1,685	1,715	98.3	865	870	99.4



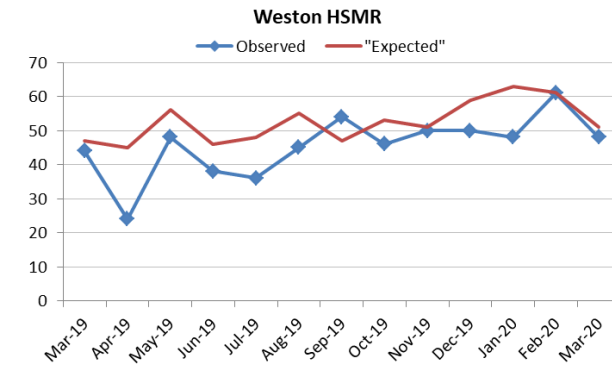
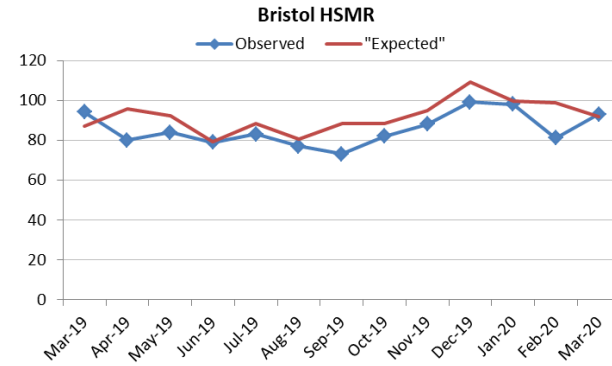
Mortality - HSMR

Reporting Month: March 2020

Standards:	This is the national measure published by Dr Foster. It is the number of actual deaths divided by “expected” deaths, multiplied by 100. The Hospital Standardised Mortality Ratio (HSMR) is in-hospital deaths for conditions that account for 80% of hospital deaths
Performance:	Latest HSMR data is for March 2020. The HSMR was 101.5 for Bristol and 99.9 for Weston.
Commentary:	As previously reported, a number of actions have been taken in response to an overall HSMR alert for UH Bristol and an HSMR alert specifically for acute myocardial infarction in 2018. These alerts have now been closed on the basis of UH Bristol HSMR benchmarked position now being close to the median and no longer alerting. Surveillance of mortality and other quality indicators will continue as part of our routine monitoring systems.
Ownership:	Medical Director

HSMR Monthly Data

	Bristol			Weston		
	Observed	"Expected"	HSMR	Observed	"Expected"	HSMR
Mar-19	94	87	108.1	44	47	94.3
Apr-19	80	96	83.7	24	45	53.7
May-19	84	92	91.1	48	56	86.4
Jun-19	79	79	99.7	38	46	82.1
Jul-19	83	88	94.0	36	48	74.4
Aug-19	77	81	95.4	45	55	81.7
Sep-19	73	88	82.7	54	47	115.7
Oct-19	82	88	92.9	46	53	87.0
Nov-19	88	95	92.8	50	51	97.5
Dec-19	99	109	90.7	50	59	85.3
Jan-20	98	100	98.2	48	63	76.0
Feb-20	81	99	82.0	61	61	99.8
Mar-20	93	92	101.5	48	51	99.9

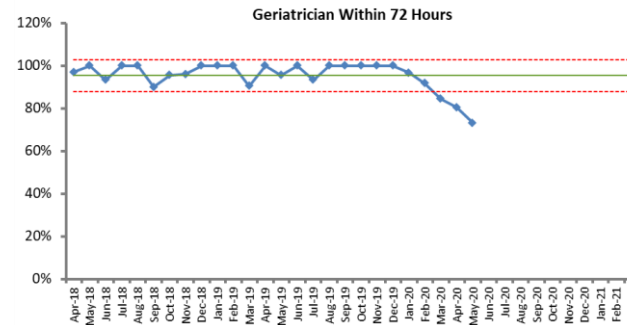
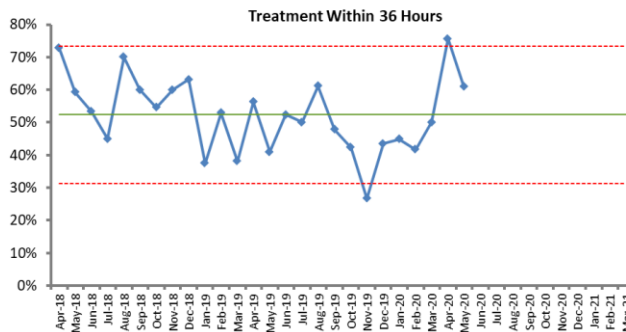


Fractured Neck of Femur (NOF)

Reporting Month: May 2020

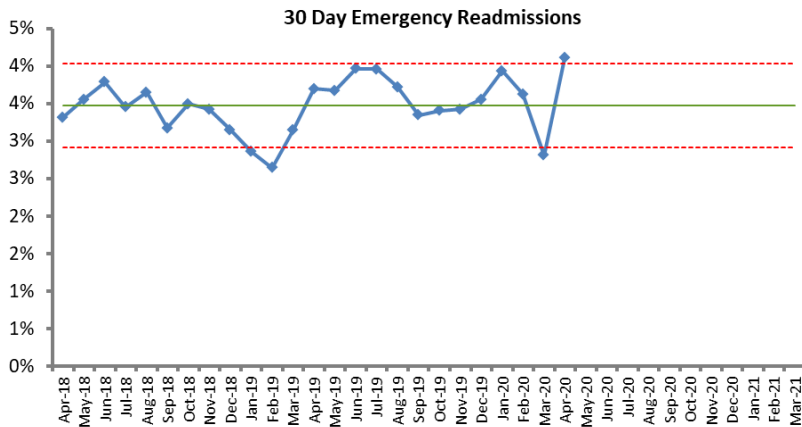
Standards:	Best Practice Tariff (BPT), is a basket of indicators covering eight elements of what is considered to be best practice in the care of patients that have fractured their hip. Two key measures are being treated within 36 hours and seeing an orthogeriatrician within 72 hours. Both these measures should achieve 90%.
Performance:	In May, there were 41 fracture neck of femur discharges that were eligible for Best Practice Tariff (BPT) across Bristol and Weston. For the 36 hour target, 61% (25patients) were seen with target. For the 72 hour target, 73% (30 patients) were seen within target.
Commentary:	There are no new actions beyond those previously reported to the Board. During Covid-19, recruitment to consultant posts continues as best it can. The recruitment is still on target of having 3 more consultants join the Trauma and Orthopaedic team in August.
Ownership:	Medical Director

	Total Patients	36 Hours		72 Hours	
		Seen In Target	Percentage	Seen In Target	Percentage
Bristol	17	7	41%	8	47%
Weston	24	18	75%	22	92%
TOTAL	41	25	61%	30	73%



Reporting Month: April 2020

Standards:	This reports on patients who are re-admitted as an emergency to the Trust within 30 days of being discharged. This can be in an unrelated specialty; it purely looks to see if there was a readmission. This uses Payment By Results (PbR) rules, which excludes certain pathways such as Cancer and Maternity. The target for the Trust is to remain below 2017/18 total of 3.62%, with a 10% amber tolerance down to 3.26%.
Performance:	In April, there were 7,408 discharges, of which 236 (4.1%) had an emergency re-admission within 30 days.
Commentary:	Divisional breakdown is shown in the table below. From April, Weston's discharges are included in the overall total.
Ownership:	Chief Operating Officer



Readmissions (based on month of Discharge)

	Apr-20		
	Readmissions	Total Discharges	% Readmissions
Diagnostics and Therapies	1	11	9.1%
Medicine	158	1,586	10.0%
Specialised Services	13	1,604	0.8%
Surgery	41	561	7.3%
Weston	68	1,223	5.6%
Women's and Children's	23	2,423	0.9%
TOTAL	304	7,408	4.1%

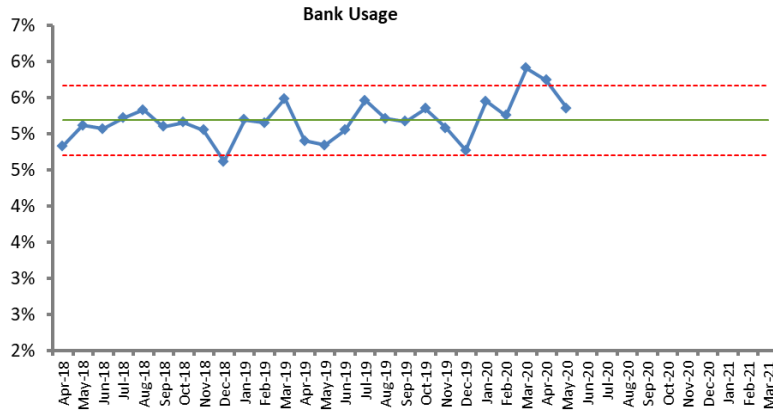
Workforce – Bank and Agency Usage

Reporting Period: April 2020

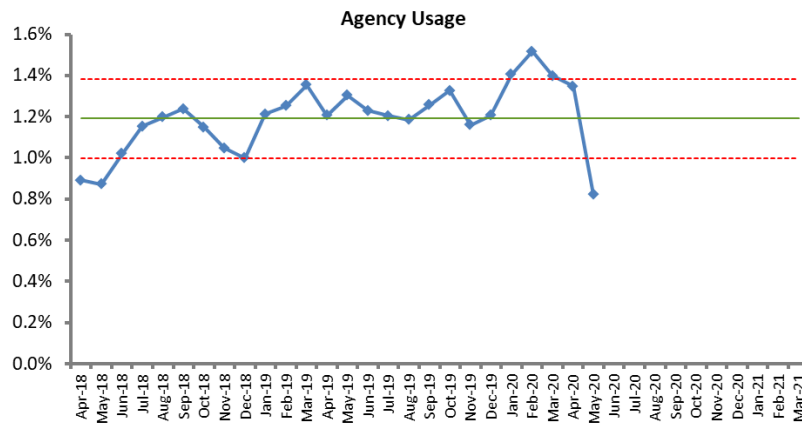
Standards:	Usage is measured as a percentage of total staffing (FTE - full time equivalent) based on aggregated Divisional targets for 2018/19. The red threshold is 10% over the monthly target.
Performance:	In May 2020, Bristol and Weston data was combined for the first time following the organisational merger in April 2020. Total staffing was at 10854 FTE. Of this, 5.4% was Bank (582 FTE) and 0.7% was Agency (76 FTE).
Commentary:	<p>Bank usage reduced by 40.3 FTE (when comparing this month’s combined figure with what it would have been if Bristol had been combined with Weston last month). The largest divisional reduction was seen in Trust Services, reducing to 24.2 FTE from 42.3 FTE the previous month. These figures only include Bristol-based Trust Services staff, as the corporate services based in Weston are incorporated in the Weston division and will be for the foreseeable future. The largest divisional increase was seen in Medicine, increasing to 168.0 FTE compared to 135.6 FTE in the previous month.</p> <p>Agency usage reduced by 56.7 FTE (when comparing this month’s combined figure with what it would have been if Bristol had been combined with Weston last month). The largest divisional reduction was seen in Medicine, reducing to 10.1 FTE from 31.5 FTE the previous month. There were no divisional increases seen compared to the previous month.</p> <ul style="list-style-type: none"> • The Medical Locum Bank recruitment campaign is now live to attract from outside the Trust. To date, 4 new registrations have been made and 13 are currently under offer. • 71 appointments and reappointments have been made to the Trust Staff Bank during May across all staff groups, with the Summer Campaign ongoing. Increasing the size of the Bank pool reduces the need for reliance on agency supply. • With Covid-19 and reduced operational activity, a further reduction in high cost nurse agency use has been seen.
Ownership:	Director of People

Workforce – Bank and Agency Usage

Reporting Period: May 2020



Bank	May FTE	May Actual %	KPI
UHBW NHS Foundation Trust	581.7	5.4%	4.7%
Diagnostics & Therapies	20.7	1.9%	1.2%
Medicine	168.0	11.7%	9.0%
Specialised Services	42.0	3.9%	5.5%
Surgery	82.5	4.5%	5.2%
Women's & Children's	52.7	2.5%	1.6%
Trust Services	24.2	2.7%	3.0%
Facilities & Estates	41.1	5.4%	6.7%
Weston	150.7	9.1%	6.1%

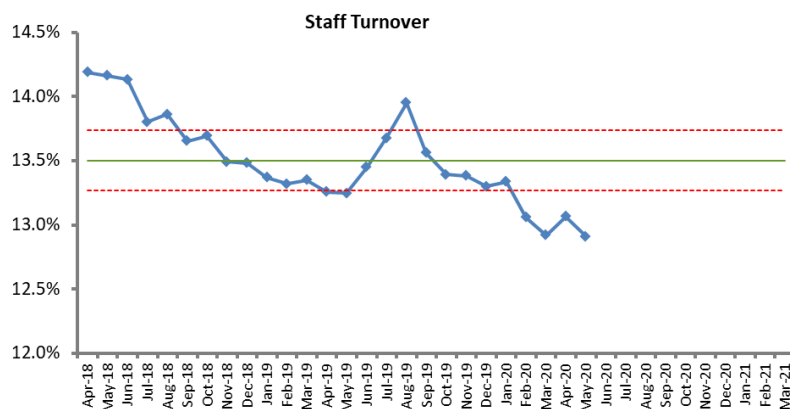


Agency	May FTE	May Actual %	KPI
UHBW NHS Foundation Trust	89.3	0.8%	1.6%
Diagnostics & Therapies	1.6	0.1%	0.8%
Medicine	10.1	0.7%	2.4%
Specialised Services	5.3	0.5%	0.8%
Surgery	0.7	0.0%	1.2%
Women's & Children's	7.4	0.3%	0.8%
Trust Services	0.0	0.0%	0.2%
Facilities & Estates	5.4	0.7%	0.2%
Weston	58.9	3.6%	5.2%

Workforce – Turnover

Reporting Period: May 2020

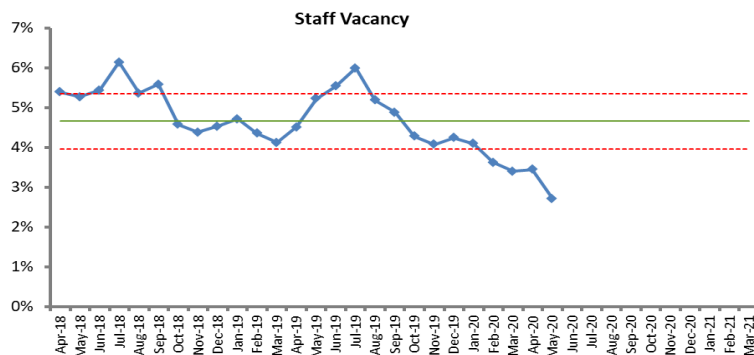
Standards:	Turnover is measured as total permanent leavers (FTE) as a percentage of the average permanent staff over a rolling 12-month period. The Trust target is the trajectory to achieve 12.3% by the end of 2018/19. The red threshold is 10% above monthly trajectory.
Performance:	In May 2020, Bristol and Weston data was combined for the first time following the organisational merger in April 2020. In May 2020, there had been 1102 leavers over the previous 12 months, with 8536 FTE staff in post on average over that period; giving a Turnover of $1102 / 8536 = 12.9\%$.
Commentary:	<p>Turnover reduced to 12.9% compared with last month, when comparing this month's combined figure with what last month's figure would have been if Bristol had been combined with Weston. Three divisions saw an increase in turnover whilst five divisions saw a reduction in turnover. The largest divisional increase was seen within Facilities and Estates, increasing to 14.0% from 13.6% the previous month. These figures only include Bristol-based Facilities and Estates (F&E) staff, as the F&E staff based in Weston are incorporated in the Weston division and will be for the foreseeable future. The largest divisional reduction was seen within Surgery, reducing to 12.6% from 13.4% the previous month.</p> <p>In the metric table below you will see that two of the divisional figures are shown to two decimal places rather than one, like the others. This is because when rounded to one decimal place they look equal to the KPI, when in fact they are not</p> <ul style="list-style-type: none"> Licensing issues with the account which is used for Exit Interview data collation have prevented the retrieval of exit data from questionnaires completed in April and May. The issue is being resolved. It is anticipated that in June retrospective reporting will be available. Exit data will be essential looking ahead to understand the impact of the pandemic on staff retention.
Ownership:	Director of People



Turnover	May-20	KPI
UHBW NHS Foundation Trust	12.9%	13.1%
Diagnostics & Therapies	12.84%	12.75%
Medicine	15.8%	15.5%
Specialised Services	12.7%	13.2%
Surgery	12.6%	13.1%
Women's & Children's	11.16%	11.24%
Trust Services	11.0%	12.1%
Facilities & Estates	14.0%	12.6%
Weston	14.0%	14.6%

Reporting Period: May 2020

Standards:	Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%.
Performance:	In May 2020, Bristol and Weston data was combined for the first time following the organisational merger in April 2020. In May 2020, funded establishment was 10560 FTE, with 285 FTE as vacancies (2.7%).
Commentary:	<p>Overall vacancies reduced to 2.7% compared to 3.4% in the previous month, when comparing this month's combined figure with what last month's figure would have been if Bristol had been combined with Weston. Medicine had the largest Divisional reduction to 9.0 FTE from 57.2 FTE the previous month. The largest Divisional increase was seen in Surgery, vacancies increased to 78.1 FTE from 63.2 FTE the previous month. There are two over-establishments within the divisions of Women's and Children's and Trust Services. This has the effect of lowering the overall total vacancy position for the Trust.</p> <ul style="list-style-type: none"> Scoping of a partnership pilot with a local English Language school is underway with the aim of offering free language support during Covid-19, helping staff through their IELTS/ OET assessments and on to the professional register. A UHBW Recruitment Taskforce programme is being developed to address the challenges across both sites, recognising the changes to internal staffing ratios and the external market as a result of the pandemic. The plan will reflect short, medium and long-term activities and interventions to help the Trust meet its ongoing recruitment demand. Through the HEE National Returners programme, UHBW has placed 10 appointees on contract. A holding letter of thanks from the Medical Director/Chief Nurse has been issued to all other returners who have not been able to be placed. Progressing the first System wide (NBT, UHBW & Sirona) collaborative approach to newly qualified nurse recruitment continues, offering a guaranteed interview to all placement students.
Ownership:	Director of People

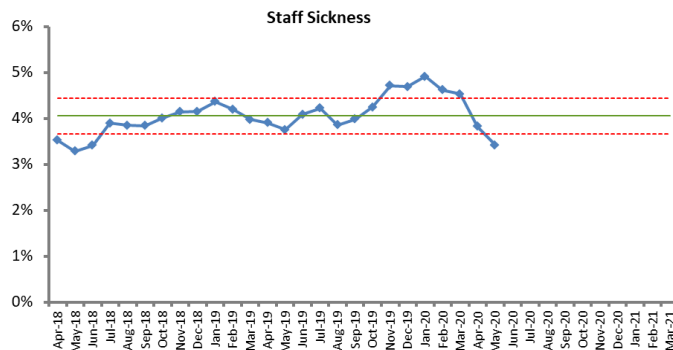


Vacancy	May-20	KPI
UHBW NHS Foundation Trust	2.7%	5.6%
Diagnostics & Therapies	3.2%	5.5%
Medicine	0.7%	6.5%
Specialised Services	3.6%	5.5%
Surgery	4.2%	4.5%
Women's & Children's	-2.2%	1.0%
Trust Services	-4.5%	4.9%
Facilities & Estates	8.8%	9.1%
Weston	8.7%	10.9%

Workforce – Staff Sickness

Reporting Period: May 2020

Standards:	Staff sickness is measured as a percentage of available Full Time Equivalents (FTEs) absent, based on aggregated Divisional targets for 2018/19. The red threshold is 0.5% over the monthly target.
Performance:	In May 2020, Bristol and Weston data was combined for the first time following the organisational merger in April 2020. In May 2020, total available FTE days were 316,961 of which 10,845 (3.4%) were lost to staff sickness.
Commentary:	<p>Sickness absence reduced to 3.4% compared with the previous month, based on updated figures and comparing this month's combined figure with what last month's figure would have been if Bristol had been combined with Weston, with reductions in all divisions. This does NOT include Medical Suspension reporting. Facilities and Estates saw the largest divisional reduction, reducing by 0.9 percentage points compared to the previous month. These figures only include Bristol-based Facilities and Estates (F&E) staff, as the F&E staff based in Weston are incorporated in the Weston division and will be for the foreseeable future.</p> <p>Medical Suspension continues to be the method used to record Covid-19 absences, and these are not included within sickness absence reporting. During May, 3.7% of available FTE was lost to Medical Suspension: 0.73% Covid-19 Sickness, 2.92% Covid-19 Isolation/Shielding. Medical Suspension does not count towards an employee's sickness entitlement, but shows on the employee's absence record.</p> <ul style="list-style-type: none"> ▪ Daily reporting to NHSE/i now requires data reflecting number of staff self-isolating due to the Test & Trace programme. ▪ Supporting Attendance E Learning is now live on Kallidus. ▪ Plans to resume face to face training for Supporting Attendance are being considered in the context of ensuring appropriate measures for social distancing are in place. Options are being scoped. ▪ In addition to a suite of guidance tools and the Employee Assistance Programmes, the Wellbeing Hubs in both Bristol and Weston remain in place to support staff through the pandemic.
Ownership:	Director of People



Sickness	May-20	KPI
UHBW NHS Foundation Trust	3.4%	3.8%
Diagnostics & Therapies	2.8%	2.9%
Medicine	4.3%	4.0%
Specialised Services	3.1%	3.3%
Surgery	3.4%	4.0%
Women's & Children's	2.7%	3.6%
Trust Services	2.2%	3.1%
Facilities & Estates	6.4%	5.5%
Weston	3.6%	4.1%

Workforce – Appraisal Compliance

Reporting Period: May 2020

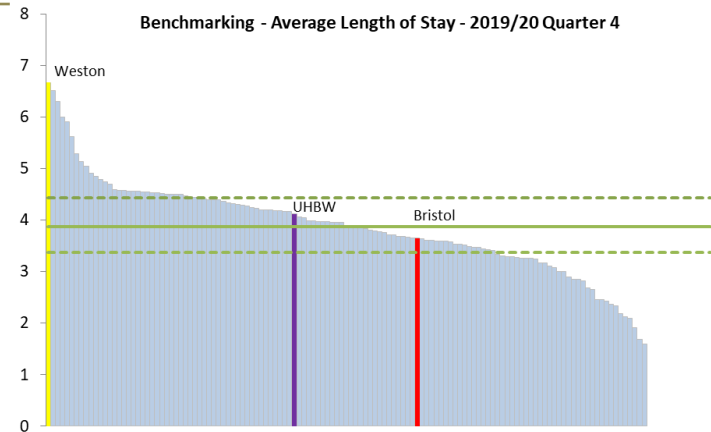
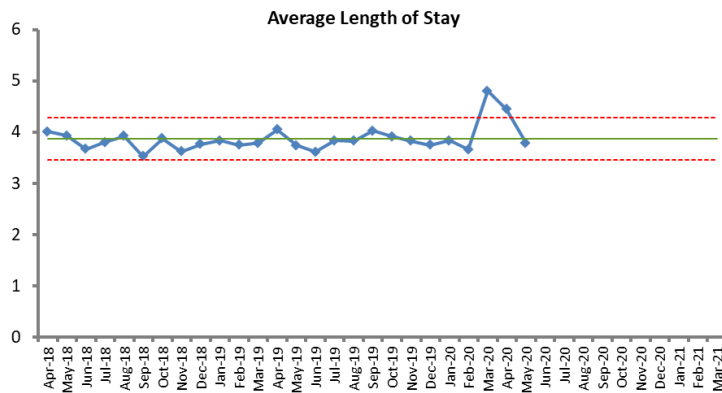
Standards:	Staff Appraisal in measured as a percentage of staff excluding consultants who have had their appraisal signed-off. The target is 85% Trust-wide.
Performance:	In May 2020, Bristol and Weston data was combined for the first time following the organisational merger in April 2020. In May 2020, 5,978 members of staff were compliant out of 9,850 (60.7%).
Commentary:	<p>Overall appraisal compliance reduced to 60.7% from 60.9% in the previous month, when comparing this month’s combined figure with what last month’s figure would have been if Bristol had been combined with Weston.</p> <p>There were increases in four divisions, the largest increase seen within Facilities and Estates, increasing to 63.1% from 61.7% the previous month. These figures only include Bristol-based Facilities and Estates (F&E) staff, as the F&E staff based in Weston are incorporated in the Weston division and will be for the foreseeable future.</p> <p>The largest divisional reduction was seen within Weston, reducing to 60.4% from 63.6% the previous month.</p> <p>All divisions are non-compliant.</p> <ul style="list-style-type: none"> ▪ Approval to re-introduce appraisals has been given with the aim now of realising a steady rise in compliance across both the Bristol and Weston sites. ▪ The work programme to develop further reporting and reminders to managers and members of staff will recommence with the Learning & Development team. ▪ Discussions with Weston will commence this month to establish robust appraisal compliance action plans in line with Bristol.
Ownership:	Director of People

Appraisal (Non-Consultant)	May-20	Apr-20	KPI
UHBW NHS Foundation Trust	60.7%	60.9%	85.0%
Diagnostics & Therapies	57.1%	57.8%	85.0%
Medicine	56.2%	55.4%	85.0%
Specialised Services	73.0%	74.7%	85.0%
Surgery	49.9%	49.3%	85.0%
Women's & Children's	65.1%	63.9%	85.0%
Trust Services	64.7%	65.9%	85.0%
Facilities & Estates	63.1%	61.7%	85.0%
Weston	60.4%	63.6%	85.0%

Average Length of Stay

Reporting Month: May 2020

Standards:	Average Length of Stay is the number of beddays (1 beddays = 1 bed occupied at 12 midnight) for all inpatients discharged in the month, divided by number of discharges.
Performance:	In May there were 4,796 discharges at Bristol with an average length of stay of 3.4 days. For Weston there were 1,035 discharges with an average length of stay of 5.4 days. The overall average length of stay for UHBW was 3.8 days.
Commentary:	Current assumptions around length of stay are being reviewed as part of the pathway reconfigurations resulting from the Covid pandemic.
Ownership:	Chief Operating Officer



	May-20
Medicine	3.77
Specialised Services	6.17
Surgery	3.46
Weston	5.40
Women's and Children's	2.52

Reporting Month: May 2020

Performance to NHSI Plan	Plan to date £m	Actual to date £m	Variance to date favourable/ (adverse) £m
Income from Activities	123.932	122.850	(1.082)
Income from Operations	24.110	20.081	(4.029)
Employee Expenses	(90.084)	(90.100)	(0.016)
Other Operating Expenses	(50.900)	(45.751)	5.149
Depreciation (owned & leased)	(4.786)	(4.793)	(0.007)
PDC	(1.986)	(1.875)	0.111
Interest Payable	(0.428)	(0.413)	0.015
Interest Receivable	0.142	0.001	(0.141)
Reported Financial performance	0.000	(0.000)	0.000
Depreciation (donated)	0.000	(0.311)	(0.311)
Donated Income	0.000	0.074	0.074
Surplus/(deficit)	0.000	(0.237)	(0.237)

Reporting Month: May 2020

Year to Date Variance £'000 (Fav/(Adv))								
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Women's & Children's	Weston Clinical Division	Facilities & Estates (Weston and Bristol Sites)	Total
Nursing & Midwifery	41	(637)	11	11	(366)	300	0	(640)
Medical & Dental Pay	42	(489)	(52)	(568)	(328)	(108)	0	(1,503)
Other Pay	(74)	(21)	(107)	17	(109)	(229)	(43)	(566)
Non Pay	215	(95)	1,117	600	998	563	(313)	3,085
Income from Activities	(7)	6	(8)	(52)	(77)	0	0	(138)
Income from Operations	(90)	(2)	(4)	(147)	3	(272)	(387)	(899)
Total	127	(1,238)	957	(139)	121	255	(743)	(660)

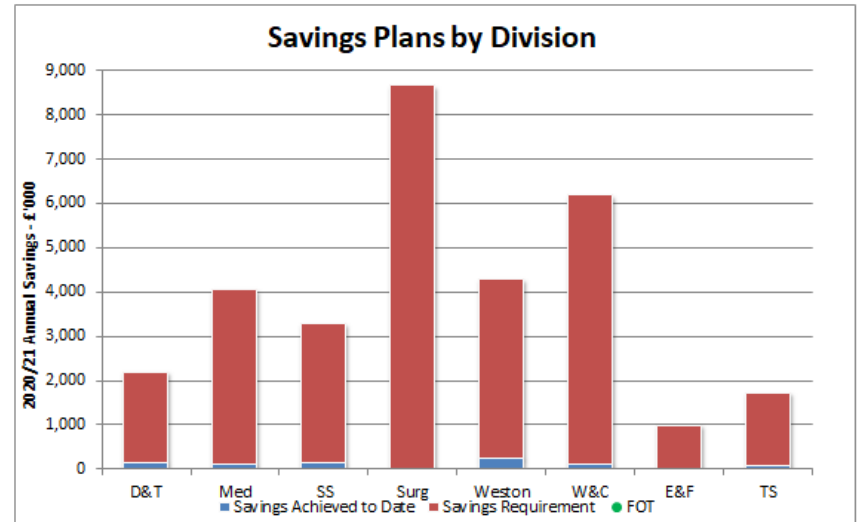
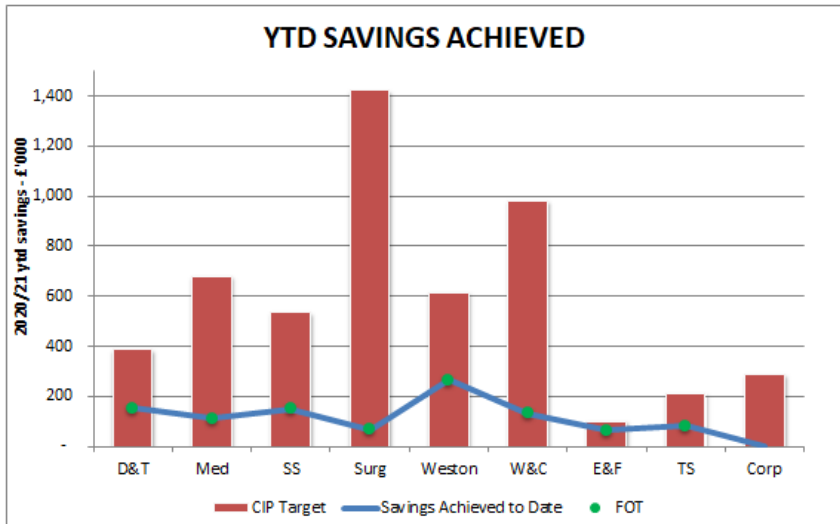
Year to Date COVID Spend/ Variance £'000 (Fav/(Adv))								
Category	Diagnostics & Therapies	Medicine	Specialised Services	Surgery	Women's & Children's	Weston*	Facilities & Estates (Weston and Bristol Sites)	Total
Nursing & Midwifery	(3)	(280)	(143)	(239)	(349)	(335)	0	(1,349)
Medical & Dental Pay	(2)	(211)	(111)	(320)	(109)	(129)	0	(882)
Other Pay	(119)	(12)	(77)	(26)	(5)	(350)	(128)	(717)
Non Pay	(51)	(278)	(68)	(642)	(19)	(359)	(392)	(1,809)
Income from Activities	0	0	(151)	0	0	0	0	(151)
Income from Operations	(31)	0	0	0	0	(46)	(230)	(307)
Total	(206)	(781)	(550)	(1,227)	(482)	(1,219)	(750)	(5,215)

* note COVID costs for Weston cannot be split out at this time between the clinical and non clinical areas.

** COVID variance here includes income losses that are not included on the NHSI returns as are matched through the true up process

*** Does not show variance on Corporate Services or 'Other' (such as R&I) due to reporting from two ledgers in month 2.

Reporting Month: May 2020



Care Quality Commission Rating - Bristol

The Care Quality Commission (CQC) published their latest inspection report on 16th August 2019. Full details can be found here: <https://www.cqc.org.uk/provider/RA7>

The overall rating was OUTSTANDING, and the breakdown by category is shown below:

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and Emergency Care	Requires improvement ↓ May 2019	Good ↓ May 2019	Outstanding ↑ May 2019	Requires improvement ↔ May 2019	Good ↓ May 2019	Requires improvement ↓ May 2019
Medical Care (including older people's care)	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Surgery	Good ↔ May 2019	Good ↔ May 2019	Outstanding ↔ May 2019	Outstanding ↑ May 2019	Outstanding ↔ May 2019	Outstanding ↔ May 2019
Critical care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014
Services for children and young people	Good ↔ May 2019	Outstanding ↔ May 2019	Good ↔ May 2019	Good ↔ May 2017	Outstanding ↑ May 2019	Outstanding ↑ May 2019
End of life care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Maternity	Requires improvement May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
Outpatients and diagnostics	Good Mar 2017	Not rated	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Overall trust	Requires improvement ↓ May 2019	Good ↓ May 2019	Outstanding ↑ May 2019	Good ↑ May 2019	Outstanding ↔ May 2019	Outstanding ↔ May 2019

Care Quality Commission Rating - Weston



The Care Quality Commission (CQC) published their latest inspection report on 26th June 2019. Full details can be found here: <https://www.cqc.org.uk/provider/RA3>

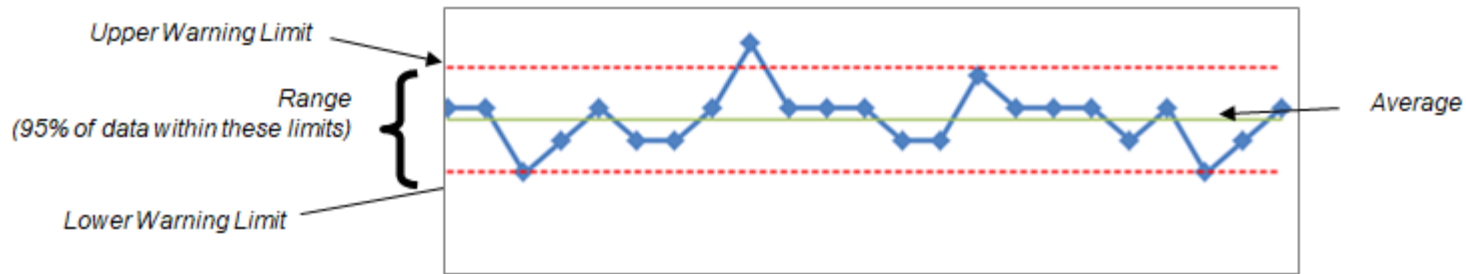
The overall rating was REQUIRES IMPROVEMENT, and the breakdown by category is shown below:

Ratings for Weston General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↔ Jun 2019	Requires improvement ↔ Jun 2019	Good ↔ Jun 2019	Requires improvement ↑ Jun 2019	Inadequate ↔ Jun 2019	Inadequate ↔ Jun 2019
Medical care (including older people's care)	Requires improvement ↔ Jun 2019	Good ↑ Jun 2019	Good ↔ Jun 2019	Requires improvement ↑ Jun 2019	Requires improvement ↔ Jun 2019	Requires improvement ↔ Jun 2019
Surgery	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Requires improvement ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019
Critical care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Requires improvement Jun 2017	Good Jun 2017	Good Jun 2017
Services for children and young people	Good Aug 2015	Good Aug 2015	Good Aug 2015	Requires improvement Aug 2015	Good Aug 2015	Good Aug 2015
End of life care	Good Aug 2015	Good Aug 2015	Outstanding Aug 2015	Requires improvement Aug 2015	Good Aug 2015	Good Aug 2015
Maternity and gynaecology	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015
Outpatients and diagnostics	Good Aug 2015	N/A	Good Aug 2015	Requires improvement Aug 2015	Good Aug 2015	Good Aug 2015
Overall*	Requires improvement ↔ Jun 2019	Good ↑ Jun 2019	Good ↔ Jun 2019	Requires improvement ↑ Jun 2019	Requires improvement ↔ Jun 2019	Requires improvement ↔ Jun 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

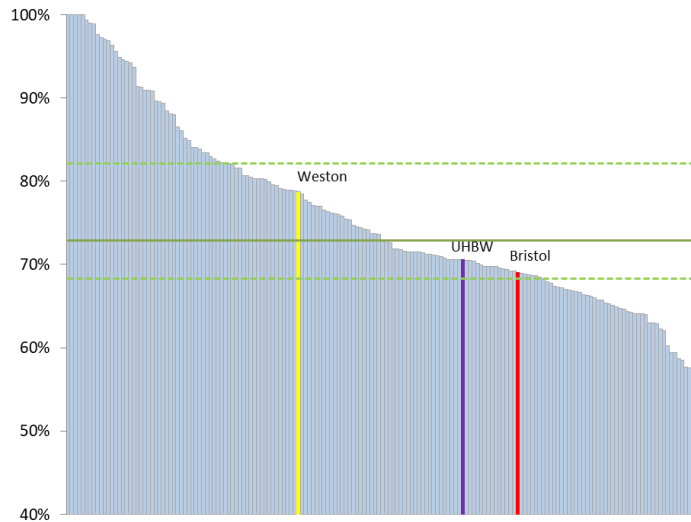
In the previous sections, some of the metrics are being presented using Statistical Process Control (SPC) charts. An example chart is shown below



The blue line is the Trust's monthly data and the green solid line is the monthly average for that data. The red dashed lines are called "warning limits" and are derived from the Trust's monthly data and is a measure of the variation present in the data. If the process does not change, then 95% of all future data points will lie between these two limits.

If a process changes, then the limits can be re-calculated and a "step change" will be observed. There are different signals to look for, to identify if a process has changed. Examples would be a run of 7 data points going up/down or 7 data points one side of the average. These step changes should be traceable back to a change in operational practice; they do not occur by chance.

In the previous sections, some of the metrics have national benchmarking reports included. An example is shown below:



Each vertical, light-blue bar represents one of the (approx.) 140 acute Trusts in England.

The horizontal solid green line is the median Trust performance, i.e. 50% of the Trusts are above this line and 50% are below.

The horizontal dotted green lines are the upper and lower quartile Trust performance, i.e.

- 25% of Trusts are above the Upper Quartile line and 75% are below.
- 25% of Trusts are below the Lower Quartile line and 75% are above.

The separate performance for Bristol and Weston Trusts is shown as the vertical red and yellow bars respectively. The combined performance (UHBW) is the vertical purple bar.

Appendix – Bristol Scorecards

Topic	ID	Title	Annual		Monthly Totals										Quarterly Totals					
			19/20	20/21	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
Patient Safety																				
Infections	DA01	MRSA Trust Apportioned Cases	4	1	0	0	1	0	0	0	0	2	0	1	1	0	1	0	3	1
	DA02	MSSA Trust Apportioned Cases	48	4	4	6	5	4	4	3	3	5	2	1	0	4	15	10	8	4
	DA03	CDiff Trust Apportioned Cases	41	11	2	5	5	4	4	5	4	2	1	3	5	6	14	13	6	11
	DA06	EColi Trust Apportioned Cases	80	13	9	14	4	5	8	6	9	4	3	4	4	9	23	23	11	13
Infection Checklists	DB01	Hand Hygiene Audit Compliance	97.2%	98.4%	96.6%	96.9%	98%	97.9%	97.7%	97.7%	97.8%	97.6%	96.9%	98.3%	98.3%	98.5%	97.6%	97.7%	97.6%	98.4%
	DB02	Antibiotic Compliance	77.9%	-	80.2%	88.6%	85.6%	82.1%	75.1%	73.8%	71.8%	74.9%	80.8%	88.7%	-	-	84.5%	73.5%	79.1%	-
Cleanliness Monitoring	DC01	Cleanliness Monitoring - Overall Score	-	-	95%	96%	96%	96%	96%	95%	98%	97%	92%	-	-	-	-	-	-	-
	DC02	Cleanliness Monitoring - Very High Risk Areas	-	-	98%	97%	98%	98%	98%	97%	99%	99%	98%	-	-	-	-	-	-	-
	DC03	Cleanliness Monitoring - High Risk Areas	-	-	96%	96%	96%	96%	96%	96%	98%	98%	97%	-	-	-	-	-	-	-
Serious Incidents	S02	Number of Serious Incidents Reported	73	4	8	10	8	5	4	7	6	7	6	2	3	1	23	17	15	4
	S02a	Number of Confirmed Serious Incidents	60	-	7	9	8	5	3	6	5	6	1	-	-	-	22	14	7	-
	S02b	Number of Serious Incidents Still Open	12	4	1	1	0	0	1	0	1	1	5	2	3	1	1	2	8	4
	S03	Serious Incidents Reported Within 48 Hours	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	S03a	Serious Incidents - 72 Hour Report Completed Within Timescale	95.9%	75%	100%	100%	100%	60%	100%	100%	100%	100%	100%	100%	66.7%	100%	91.3%	100%	100%	75%
	S04	Serious Incident Investigations Completed Within Timescale	98.5%	71.4%	100%	100%	100%	100%	100%	100%	100%	100%	100%	75%	71.4%	-	100%	100%	92.3%	71.4%
S04a	Overdue Exec Commissioned Non-SI Investigations	18	-	1	1	2	4	2	0	1	1	2	2	-	-	7	3	5	-	
Never Events	S01	Total Never Events	4	0	1	1	1	0	0	0	1	0	0	0	0	0	2	1	0	0
Patient Safety Incidents	S06	Number of Patient Safety Harm Incidents Reported	20760	-	1467	2686	1455	1074	1398	2878	1109	1157	1985	1949	-	-	5215	5385	5091	-
	S06b	Patient Safety Harm Incidents Per 1000 Beddays	66.44	-	57.13	102.94	56.4	41.39	51.47	109.5	40.78	42.02	77.66	85.89	-	-	66.99	66.78	67.17	-
	S07	Number of Patient Safety Incidents - Severe Harm	150	-	9	9	24	14	19	8	16	12	11	11	-	-	47	43	34	-
Patient Falls	AB01	Falls Per 1,000 Beddays	4.52	6.41	3.97	4.37	4.11	4.43	4.75	3.46	4.82	4.68	4.89	5.33	5.59	7.1	4.3	4.35	4.95	6.41
	AB06a	Total Number of Patient Falls Resulting in Harm	26	1	0	2	1	1	4	1	2	7	4	1	1	0	4	7	12	1
Pressure Ulcers Developed in the Trust	DE01	Pressure Ulcers Per 1,000 Beddays	0.182	0.358	0.156	0.115	0.233	0.193	0.221	0.228	0.074	0.327	0.117	0.308	0.715	0.055	0.18	0.174	0.251	0.358
	DE02	Pressure Ulcers - Grade 2	49	12	4	2	4	3	5	6	2	9	2	7	11	1	9	13	18	12
	DE04A	Pressure Ulcers - Grade 3 or 4	8	0	0	1	2	2	1	0	0	0	1	0	0	1	5	1	1	1
Venous Thrombo-embolism (VTE)	N01	Adult Inpatients who Received a VTE Risk Assessment	87.4%	87.7%	98.2%	98.2%	77%	78.9%	78%	78.7%	77%	86.8%	88.5%	88.6%	88.3%	87.3%	85.3%	77.9%	87.9%	87.7%
	N02	Percentage of Adult Inpatients who Received Thrombo-prophylaxis	93.4%	-	94.2%	93.1%	-	-	-	-	-	-	-	-	-	-	93.1%	-	-	-
	N04	Number of Hospital Associated VTEs	38	-	0	5	10	1	2	0	3	0	8	-	-	-	16	5	8	-
	N04A	Number of Potentially Avoidable Hospital Associated VTEs	3	-	0	1	1	0	0	0	0	0	0	-	-	-	2	0	0	-
	N04B	Number of Hospital Associated VTEs - Report Not Received To Date	20	-	0	0	5	1	2	0	2	0	8	-	-	-	6	4	8	-
Nutrition Audit	WB10	Fully and Accurately Completed Screening within 24 Hours	86.9%	-	84.4%	-	-	86.9%	-	-	87.9%	-	-	88.2%	-	-	86.9%	87.9%	88.2%	-
Safety	Y01	WHO Surgical Checklist Compliance	99.9%	99.9%	99.9%	99.9%	100%	100%	99.9%	99.9%	99.9%	100%	100%	99.9%	99.9%	99.8%	100%	99.9%	99.9%	99.9%
Medicines	WA01	Medication Incidents Resulting in Harm	0.33%	0%	0.43%	0.38%	0.81%	1.23%	0%	0.4%	0%	0%	0%	0%	-	0.8%	0.14%	0%	0%	
	WA03	Non-Purposeful Omitted Doses of the Listed Critical Medication	0.41%	0.99%	0.3%	0.18%	0.24%	0%	0.26%	0.37%	0.27%	1.65%	0.21%	0.43%	-	0.14%	0.3%	0.92%	0.99%	

Appendix – Bristol Scorecards

Topic	ID	Title	Annual		Monthly Totals										Quarterly Totals						
			19/20	20/21 YTD	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	
Deteriorating Patient	AR03	National Early Warning Scores (NEWS) Acted Upon	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Out of Hours	TD05	Out of Hours Discharges (8pm-7am)	7.8%	9%	8.3%	6.5%	7.8%	7.6%	6.1%	7%	9.2%	8.2%	8.2%	8.1%	7.8%	9.9%	7.3%	7.4%	8.2%	9%	
Timely Discharges	TD03	Percentage of Patients With Timely Discharge (7am-12Noon)	22.8%	19.6%	22.1%	23.3%	21.7%	21.4%	24%	23.3%	22.4%	24%	22.8%	21.8%	21.1%	18.5%	22.2%	23.2%	22.9%	19.6%	
	TD03D	Number of Patients With Timely Discharge (7am-12Noon)	9211	750	705	815	708	713	870	873	781	850	731	611	356	394	2236	2524	2192	750	
Staffing Levels	RP01	Staffing Fill Rate - Combined	100.3%	96.3%	100.5%	99.6%	98.5%	99.6%	99.3%	100.3%	100.5%	103.3%	101.5%	98.8%	94.2%	98.4%	99.2%	100%	101.2%	96.3%	
Clinical Effectiveness																					
Mortality	X04	Summary Hospital Mortality Indicator (SHMI) - National Quarterly Data	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	X04A	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	103.5	-	104.8	106	106.3	103	102.4	101.8	100.3	98.3	-	-	-	-	-	105.1	101.5	98.3	-
	X02	Hospital Standardised Mortality Ratio (HSMR)	91.9	-	99.7	94	95.4	82.7	92.9	92.8	90.7	98.2	82	101.5	-	-	-	90.6	92	93.7	-
Readmissions	C01	Emergency Readmissions Percentage	3.6%	3.82%	3.96%	3.96%	3.72%	3.35%	3.4%	3.42%	3.55%	3.93%	3.62%	2.81%	3.82%	-	3.68%	3.46%	3.5%	3.82%	
Fracture Neck of Femur	U02	Fracture Neck of Femur Patients Treated Within 36 Hours	45.6%	54.5%	52.4%	50%	61.1%	47.8%	42.3%	26.7%	43.5%	44.8%	41.7%	50%	68.8%	41.2%	52.1%	36.7%	45.9%	54.5%	
	U03	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	96.3%	54.5%	100%	93.3%	100%	100%	100%	100%	100%	96.6%	91.7%	84.4%	62.5%	47.1%	97.2%	100%	90.6%	54.5%	
	U04	Fracture Neck of Femur Patients Achieving Best Practice Tariff	43.5%	27.3%	52.4%	50%	61.1%	47.8%	42.3%	26.7%	43.5%	44.8%	33.3%	37.5%	37.5%	17.6%	52.1%	36.7%	38.8%	27.3%	
Stroke Care	O01	Stroke Care: Percentage Receiving Brain Imaging Within 1 Hour	56.2%	57.6%	-	-	45.7%	54.3%	59.6%	52.6%	51.3%	57.1%	69.7%	60.5%	57.6%	-	50.6%	54.8%	63.5%	57.6%	
	O02	Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	70.3%	81.8%	-	-	71.4%	69.6%	70.2%	68.4%	69.2%	78.6%	75.8%	65.8%	81.8%	-	70.4%	69.4%	71.8%	81.8%	
	O03	High Risk TIA Patients Starting Treatment Within 24 Hours	65.2%	-	28.6%	92.9%	50%	81.8%	88.9%	55.6%	71.4%	62.5%	-	-	-	-	77.1%	72%	62.5%	-	
Dementia	AC01	Dementia - FAIR Question 1 - Case Finding Applied	83.2%	49.4%	85.8%	85.8%	88.3%	91%	85.9%	84.8%	79.6%	77.6%	78.6%	72.3%	49.4%	-	88.5%	83.3%	76.3%	49.4%	
	AC02	Dementia - FAIR Question 2 - Appropriately Assessed	89.6%	92%	85.2%	94.6%	76.9%	83.8%	89.7%	88.1%	86.5%	86.1%	88.9%	97.2%	92%	-	86%	88.1%	90.7%	92%	
	AC03	Dementia - FAIR Question 3 - Referred for Follow Up	85.2%	-	100%	100%	100%	100%	60%	100%	100%	-	100%	100%	-	-	100%	71.4%	100%	-	
Outliers	J05	Ward Outliers - Beddays Spent Outlying.	9692	3474	503	645	547	887	794	633	1164	1423	699	911	1752	1722	2079	2591	3033	3474	
Patient Experience																					
Monthly Patient Surveys	P01d	Patient Survey - Patient Experience Tracker Score	-	-	93	92	92	91	91	91	93	90	91	93	91	91	92	92	91	91	
	P01g	Patient Survey - Kindness and Understanding	-	-	96	96	96	96	96	96	97	96	96	98	97	95	96	96	96	96	
	P01h	Patient Survey - Outpatient Tracker Score	-	-	89	90	90	90	90	90	89	89	92	84	89	91	90	90	90	90	
Friends and Family Test Coverage	P03a	Friends and Family Test Inpatient Coverage	35.5%	-	34.4%	39.4%	36.2%	34.2%	36.2%	31%	35.3%	32.3%	33.1%	-	-	-	36.7%	34.1%	32.7%	-	
	P03b	Friends and Family Test ED Coverage	16.6%	-	18.7%	17.4%	18.2%	15.2%	16.9%	15.8%	16.6%	16.7%	15.4%	-	-	-	16.9%	16.4%	16%	-	
	P03c	Friends and Family Test MAT Coverage	26.5%	-	24.1%	30.1%	31.6%	16.5%	17.7%	36.1%	26.8%	28.2%	21.8%	-	-	-	25.9%	26.6%	25.3%	-	
Friends and Family Test Score	P04a	Friends and Family Test Score - Inpatients	98.7%	-	98.3%	98.9%	98.8%	99%	98.4%	98.7%	98.6%	98.7%	99.2%	-	-	-	98.9%	98.5%	98.9%	-	
	P04b	Friends and Family Test Score - ED	84%	-	84.2%	82.9%	85.2%	81.5%	85.2%	83.8%	84.6%	86.9%	88.1%	-	-	-	83.3%	84.6%	87.5%	-	
	P04c	Friends and Family Test Score - Maternity	97.6%	-	97.6%	96.9%	97.2%	98.7%	98.1%	97.1%	99.1%	97.7%	98.4%	-	-	-	97.4%	98%	98%	-	
Patient Complaints	T01	Number of Patient Complaints	1842	112	166	168	125	149	178	150	117	152	171	121	50	62	442	445	444	112	
	T03a	Formal Complaints Responded To Within Trust Timeframe	88%	74.6%	95.9%	90.4%	85.4%	67.5%	88.6%	91.5%	83.6%	84.1%	85.5%	75.5%	70%	-	83.6%	88.3%	85%	74.6%	
	T03b	Formal Complaints Responded To Within Divisional Timeframe	91%	83.1%	98%	91.6%	93.8%	75%	90%	95.8%	83.6%	86.6%	90.3%	91.3%	85.7%	70%	88.3%	90.3%	89.2%	83.1%	
	T05A	Informal Complaints Responded To Within Trust Timeframe	89.5%	97.8%	89.8%	85.7%	87.9%	90.3%	93.4%	83.3%	91.2%	92.4%	82.4%	100%	95.2%	100%	87.5%	90.1%	91.9%	97.8%	
	T04c	Percentage of Responses where Complainant is Dissatisfied	7.51%	-	8.16%	12.05%	4.17%	7.5%	5.71%	8.45%	5.46%	10.98%	1.61%	2.9%	-	-	8.77%	6.63%	5.63%	-	

Appendix – Bristol Scorecards

Topic	ID	Title	Annual		Monthly Totals												Quarterly Totals			
			19/20	20/21 YTD	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
Referral to Treatment (RTT) Performance	A03	Referral To Treatment Ongoing Pathways Under 18 Weeks	-	-	87.5%	86.5%	84.3%	83.6%	83%	83%	82.5%	83.2%	82.4%	78.3%	69.1%	59.6%	-	-	-	-
	A03a	Referral To Treatment Number of Ongoing Pathways Over 18 Weeks	-	-	3874	4436	5216	5574	5866	5903	6028	5745	6223	7134	9489	11983	-	-	-	-
Referral to Treatment (RTT) Wait Times	A06	Referral To Treatment Ongoing Pathways Over 52 Weeks	134	262	11	9	9	5	4	5	10	15	11	30	78	184	23	19	56	262
	A07	Referral To Treatment Ongoing Pathways 40+ Weeks	-	-	128	152	211	219	202	219	282	305	315	411	772	1242	-	-	-	-
Cancer (2 Week Wait)	E01a	Cancer - Urgent Referrals Seen In Under 2 Weeks	93.5%	90.3%	95.9%	95.2%	89%	91.7%	93%	95.2%	94.1%	95.2%	94.7%	91.2%	90.3%	-	92%	94%	93.8%	90.3%
	E01c	Cancer - Urgent Referrals Stretch Target	37.3%	59.6%	54.7%	35.2%	27.5%	33.7%	38.6%	37.8%	35.1%	49.7%	24.3%	18.8%	59.6%	-	31.9%	37.3%	31.2%	59.6%
Cancer (31 Day)	E02a	Cancer - 31 Day Diagnosis To Treatment (First Treatments)	95.7%	94.5%	95.1%	97.1%	96.3%	94.4%	96.6%	97%	95.7%	92.3%	96.1%	97.4%	94.5%	-	95.9%	96.4%	95.4%	94.5%
	E02b	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Drug)	98.7%	100%	99.1%	99%	99%	97.1%	97.7%	99.2%	100%	98%	100%	99.1%	100%	-	98.4%	98.9%	99%	100%
	E02c	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Surgery)	92.7%	83.3%	89.7%	90.4%	94.2%	91.7%	93.3%	92.3%	93.5%	94.5%	92.7%	92.5%	83.3%	-	92.1%	93.1%	93.2%	83.3%
	E02d	Cancer - 31 Day Diagnosis To Treatment (Subsequent - Radiotherapy)	95.3%	98%	91.8%	94.4%	95.2%	96.2%	96.5%	96.8%	94.3%	94.5%	98.5%	99.5%	98%	-	95.2%	95.9%	97.4%	98%
Cancer (62 Day)	E03a	Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85.5%	77%	84%	86.8%	85.8%	84%	85.4%	87%	83.9%	80.8%	82.1%	91.1%	77%	-	85.6%	85.4%	85.4%	77%
	E03b	Cancer 62 Day Referral To Treatment (Screenings)	66.1%	100%	83.3%	66.7%	100%	85.7%	55.6%	53.8%	33.3%	36.4%	33.3%	81.8%	100%	-	83.3%	48.4%	51.6%	100%
	E03c	Cancer 62 Day Referral To Treatment (Upgrades)	86.7%	84.5%	83.5%	85.7%	87.1%	80.8%	82.9%	84%	89.2%	86.3%	83.9%	91.2%	84.5%	-	84.4%	85.5%	87%	84.5%
	E03f	Cancer Urgent GP Referrals - Numbers Treated after Day 103	41.5	-	3	4.5	6.5	3.5	3	4.5	2	4	3	0.5	-	-	14.5	9.5	7.5	-
Cancelled Operations	F01	Last Minute Cancelled Operations - Percentage of Admissions	1.79%	0.44%	1.84%	1.25%	1.55%	1.44%	1.69%	1.94%	2.54%	2.02%	1.98%	2.21%	0.57%	0.33%	1.41%	2.03%	2.06%	0.44%
	F01a	Number of Last Minute Cancelled Operations	1394	22	117	88	95	94	119	137	153	140	128	115	13	9	277	409	383	22
	F02	Cancelled Operations Re-admitted Within 28 Days	92.6%	67.2%	92%	93.2%	95.5%	97.9%	95.7%	98.3%	94.9%	93.5%	94.3%	86.7%	67%	69.2%	95.3%	96.3%	91.7%	67.2%
Admissions Cancelled Day Before	F07	Percentage of Admissions Cancelled Day Before	2.08%	0.14%	1.62%	1.81%	1.6%	1.93%	2.6%	1.95%	2.24%	1.76%	1.85%	3.98%	0.31%	0%	1.79%	2.26%	2.41%	0.14%
	F07a	Number of Admissions Cancelled Day Before	1625	7	103	128	98	126	183	138	135	122	120	207	7	0	352	456	449	7
Primary PCI	H02	Primary PCI - 150 Minutes Call to Balloon Time	61.7%	-	68.6%	54.3%	64.7%	60.5%	55.9%	68.4%	59%	64.1%	48.6%	53.8%	-	-	59.8%	61.3%	55.8%	-
	H03a	Primary PCI - 90 Minutes Door to Balloon Time	84.6%	-	85.7%	80%	88.2%	83.7%	88.2%	94.7%	84.6%	92.3%	68.6%	66.7%	-	-	83.9%	89.2%	76.1%	-
Diagnostic Waits	A05	Diagnostics 6 Week Wait (15 Key Tests)	-	-	93.54%	96.19%	95.26%	96.21%	95.85%	96.65%	96.1%	95.22%	95.51%	85.73%	40.52%	39.22%	-	-	-	-
Outpatients	R03	Outpatient Hospital Cancellation Rate	11.4%	19.1%	10.1%	11.1%	11.2%	11.1%	10.7%	10.2%	10.6%	11%	11.1%	17.7%	23.5%	13.5%	11.1%	10.5%	13.3%	19.1%
	R05	Outpatient DNA Rate	6.6%	5.2%	6.8%	6.4%	6.5%	6.6%	6.3%	6.5%	6.7%	6.2%	6.3%	7.1%	5.4%	5.1%	6.5%	6.5%	6.5%	5.2%
Outpatient Ratio	R01	Follow-Up To New Ratio	2.15	2.62	2.21	2.12	2.25	2.15	2.07	2.15	2.11	2.17	2.12	2.26	2.52	2.72	2.17	2.11	2.18	2.62
ERS	BC01	ERS - Available Slot Issues Percentage	17.4%	13.8%	15.8%	17.9%	16.9%	14.6%	17%	20.6%	18.7%	17.3%	18.6%	23.5%	12.3%	14.9%	16.5%	18.6%	19.4%	13.8%
Delayed Discharges	Q01A	Acute Delayed Transfers of Care - Patients	289	19	27	19	32	19	30	19	21	27	29	21	9	10	70	70	77	19
	Q02A	Non-Acute Delayed Transfers of Care - Patients	117	16	12	9	8	13	12	5	8	11	13	7	9	7	30	25	31	16
	Q01B	Acute Delayed Transfers of Care - Beddays	8304	516	625	532	654	783	708	590	731	713	790	962	278	238	1969	2029	2465	516
	Q02B	Non-Acute Delayed Transfers of Care - Beddays	2902	351	243	283	165	233	257	298	220	212	217	249	201	150	681	775	678	351

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Topic	ID	Title	Annual		Monthly Totals										Quarterly Totals					
			19/20	20/21 YTD	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
Green To Go List	AQ06A	Green To Go List - Number of Patients (Acute)	-	-	61	48	75	58	83	69	75	95	107	87	32	46	-	-	-	-
	AQ06B	Green To Go List - Number of Patients (Non Acute)	-	-	27	31	23	26	31	20	27	26	30	36	21	18	-	-	-	-
	AQ07A	Green To Go List - Beddays (Acute)	-	-	1916	1986	2402	2393	2480	2388	2398	3166	2751	3110	1253	1450	-	-	-	-
	AQ07B	Green To Go List - Beddays (Non-Acute)	-	-	830	877	659	840	948	812	784	776	907	1002	871	531	-	-	-	-
Length of Stay	J03	Average Length of Stay (Spell)	3.89	3.98	3.61	3.83	3.82	4.02	3.91	3.83	3.75	3.83	3.66	4.8	4.68	3.43	3.89	3.83	4.05	3.98
	J04D	Percentage Length of Stay 14+ Days	6.7%	6.3%	6%	6.6%	6.6%	6.8%	6.6%	6.2%	6.3%	6.6%	6.6%	8.4%	7.7%	5.2%	6.6%	6.4%	7.1%	6.3%
14 Day LOS Patients	J03	Average Length of Stay (Spell)	3.89	3.98	3.61	3.83	3.82	4.02	3.91	3.83	3.75	3.83	3.66	4.8	4.68	3.43	3.89	3.83	4.05	3.98
AMU	J35	Percentage of Cardiac AMU Wardstays	4.6%	0.2%	6.9%	4.4%	5.3%	4.2%	7.4%	5.2%	3.9%	4.3%	5.5%	1.4%	0%	0.3%	4.6%	5.5%	3.7%	0.2%
	J35A	Percentage of Cardiac AMU Wardstays Under 24 Hours	35%	100%	21.6%	40%	45.2%	41.9%	38.6%	33.3%	33.3%	40.6%	23.1%	80%	-	100%	42.6%	35.7%	37%	100%

Emergency Department Indicators

ED - Time In Department	B01	ED Total Time in Department - Under 4 Hours	80.44%	91.83%	81.48%	81.86%	84.78%	81.42%	82.47%	80.28%	76.12%	81.79%	78.39%	80.99%	92.23%	91.55%	82.64%	79.63%	80.36%	91.83%
<i>This is measured against the national standard of 95%</i>																				
ED - Time in Department (Differentials)	BB14	ED Total Time in Department - Under 4 Hours (STP)	80.44%	91.83%	81.48%	81.86%	84.78%	81.42%	82.47%	80.28%	76.12%	81.79%	78.39%	80.99%	92.23%	91.55%	82.64%	79.63%	80.36%	91.83%
	BB07	BRI ED - Percentage Within 4 Hours	68.51%	90.31%	68.78%	68.95%	74.81%	70.93%	72.03%	70.87%	63.41%	69.93%	65.81%	69.2%	91%	89.84%	71.53%	68.8%	68.25%	90.31%
	BB03	BCH ED - Percentage Within 4 Hours	90.4%	90.26%	93.61%	94.82%	95.3%	89.51%	90.31%	85.94%	84.42%	93.11%	88.58%	90.47%	90.24%	90.27%	93.02%	86.78%	90.76%	90.26%
	BB04	BEH ED - Percentage Within 4 Hours	97.82%	99.26%	97.55%	98.16%	98.37%	97.4%	98.8%	96.84%	98.55%	97.04%	98.2%	98.74%	99.18%	99.31%	97.98%	98.08%	97.91%	99.26%
<i>This is measured against the trajectories created to deliver the Sustainability and Transformation Fund targets</i>																				
Trolley Waits	B06	ED 12 Hour Trolley Waits	25	0	0	0	0	0	0	8	11	1	5	0	0	0	8	17	0	
Time to Initial Assessment	B02	ED Time to Initial Assessment - Under 15 Minutes	96.8%	98.3%	98.3%	98%	98.4%	96.2%	98.8%	97.8%	94.6%	96%	96.3%	93.5%	99.3%	97.6%	97.5%	97%	95.3%	98.3%
	B02b	ED Time to Initial Assessment - Data Completeness	96.9%	97.5%	98%	98.3%	96.1%	98.2%	96.6%	98.3%	93.7%	96.1%	96.3%	96.2%	97.5%	97.4%	97.5%	96.1%	96.2%	97.5%
Time to Start of Treatment	B03	ED Time to Start of Treatment - Under 60 Minutes	50.8%	83.5%	49.9%	50.1%	55.6%	50.9%	50.1%	48.4%	47.9%	55.3%	48.3%	62.3%	90.3%	78.6%	52.2%	48.8%	54.7%	83.5%
	B03b	ED Time to Start of Treatment - Data Completeness	96.9%	99.2%	96.1%	96.8%	97.2%	96.7%	97.4%	97.2%	97.2%	97.6%	96.7%	97.2%	99.5%	99%	96.9%	97.3%	97.2%	99.2%
Others	B04	ED Unplanned Re-attendance Rate	3.7%	3.3%	3.1%	3.4%	3.3%	3.5%	3.9%	4.2%	4.2%	3.7%	4%	3.7%	3.3%	3.4%	3.4%	4.1%	3.8%	3.3%
	B05	ED Left Without Being Seen Rate	1.6%	0.6%	1.6%	1.7%	1.5%	1.9%	1.4%	1.4%	1.9%	1.3%	1.5%	1.2%	0.5%	0.7%	1.7%	1.5%	1.4%	0.6%
Ambulance Handovers	BA09	Ambulance Handovers - Over 30 Minutes	352	-	55	36	25	53	-	-	-	-	-	-	-	-	114	-	-	-
Acute Medical Unit (AMU)	J35	Percentage of Cardiac AMU Wardstays	4.6%	0.2%	6.9%	4.4%	5.3%	4.2%	7.4%	5.2%	3.9%	4.3%	5.5%	1.4%	0%	0.3%	4.6%	5.5%	3.7%	0.2%
	J35a	Percentage of Cardiac AMU Wardstays Under 24 Hours	35%	100%	21.6%	40%	45.2%	41.9%	38.6%	33.3%	33.3%	40.6%	23.1%	80%	-	100%	42.6%	35.7%	37%	100%

Appendix – Weston Scorecards

Oversight Framework

Section		Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	
Quality & Safety	Incidents	Occurrence of any Never Event	Nil	0	0	0	0	0	0	0	1	0	0	0	0	0	
		Patient Safety Alerts not completed by deadline		2	0	0	0	1	1	1	1	1	1	1	1	0	
	Patient Experience	Mixed Sex Accommodation Breaches	Nil	0	0	0	0	0	0	0	0	0	0	0			
		Inpatient Scores from Friends and Family Test- % Would Recommend	≥95% per mth		96.37%	95.97%	96.77%	97.44%	97.50%	96.09%	97.47%	97.78%	97.96%	98.04%			
			Numerator		744	667	690	608	545	712	617	618	623	701			
			Denominator		772	695	713	624	559	741	633	632	636	715			
		Emergency Care Friends and Family Test- % Would Recommend	≥88% per mth		93.08%	98.44%	95.48%	92.31%	91.51%	94.78%	94.32%	92.05%	93.33%	91.67%			
			Numerator		121	126	190	156	97	363	332	278	294	242			
	Denominator			130	128	199	169	106	383	352	302	315	264				
	VTE Compliance	VTE Risk Assessment	95%		95.74%	95.04%	95.19%	95.03%	95.05%	95.30%	94.63%	95.02%	94.57%	93.08%	78.47%	#DIV/0!	#DIV/0!
			Numerator		2136	1974	2178	1989	1997	2231	2044	2061	2073	1898	1396		
			Denominator		2231	2077	2288	2093	2101	2341	2160	2169	2192	2039	1779		
			Quarterly		95.55%			95.09%			94.99%						
	Healthcare Associated Infections	Meticillin resistant Staphylococcus Aureus (MRSA)	0 p/a		1	1	0	0	0	0	0	0	0	0	0	0	0
		Meticillin sensitive Staphylococcus Aureus (MSSA)	≤5 p/a		1	0	1	1	0	0	1	0	1	0	0	0	1
		Clostridium Difficile	≤14p/a		3	2	0	1	1	3	1	1	1	1	0	0	2
		C difficile actual variance from plan			2	0	-1	-1	0	1	1	1	1	1	0	0	2
		E.Coli			2	1	5	2	2	1	1	0	0	0	3	0	
	Mortality	Summary Hospital-Level Mortality Indicator	1	0.92	0.92	0.93	0.97	0.98	0.99								

Appendix – Weston Scorecards

Section		Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	
Operational Performance	A&E	A&E 4 Hour Performance	95%	80.04%	77.31%	76.60%	75.99%	73.19%	74.71%	69.05%	70.21%	68.52%	70.43%	76.80%	93.24%	87.44%	
			Numerator	3625	3328	3571	3377	3263	3205	2827	2963	2766	2742	2347	1835	1831	
			Denominator	4529	4305	4662	4444	4458	4290	4094	4220	4037	3893	3056	1968	2094	
	RTT	RTT Incomplete - 92% in 18 weeks	92%	89.23%	87.14%	86.61%	84.69%	85.63%	83.43%	83.63%	84.07%	84.72%	84.60%	83.19%	78.72%	72.30%	
			Numerator	4814	4728	5008	4936	5350	5054	5458	5559	5661	5871	5716	4314	3570	
			Denominator	5395	5426	5782	5828	6248	6058	6526	6612	6682	6940	6871	5480	4938	
	Cancer Waiting Times	All cancers - maximum 62-day wait for first treatment from:	85%	53.33%	61.43%	73.17%	50.00%	57.38%	53.62%	78.57%	60.00%	45.28%	58.82%	64.52%			
			Numerator	16	21.5	15.0	14.5	17.5	18.5	16.5	18.0	12.0	15.0	30.0			
			Denominator	30	35.0	20.5	29.0	30.5	34.5	21.0	30.0	26.5	25.5	46.5			
			Quarterly	64.97%			58.75%			61.99%			57.87%				
			Numerator	57.50			47			53			57				
			Denominator	88.50			80.00			85.50			98.50				
		a. urgent GP referral for suspected cancer	90%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	100%		
			Numerator	0.0	0.0	0.0	0.0	0.0	n/a	n/a	n/a	n/a	n/a	n/a	0.50		
			Denominator	0.0	0.0	0.0	0.0	0.0	n/a	n/a	n/a	n/a	n/a	n/a	0.50		
			Quarterly	n/a			n/a			n/a			n/a				
			Numerator	n/a			n/a			n/a			n/a				
			Denominator	n/a			n/a			n/a			n/a				
	b.NHS cancer screening service referrals	99%	92.37%	93.37%	94.51%	97.88%	98.67%	98.91%	97.51%	95.57%	94.75%	98.83%	97.62%	64.16%	64.96%		
		Numerator	2641	2466	2464	1800	1562	1731	1839	1942	2092	2277	1228	299	482		
		Denominator	2859	2641	2607	1839	1583	1750	1886	2032	2208	2304	1258	466	742		
		Quarterly	n/a			n/a			n/a			n/a					
		Numerator	n/a			n/a			n/a			n/a					
Denominator		n/a			n/a			n/a			n/a						
Diagnostics	Maximum 6 week wait for diagnostic Procedures	99%	92.37%	93.37%	94.51%	97.88%	98.67%	98.91%	97.51%	95.57%	94.75%	98.83%	97.62%	64.16%	64.96%		
		Numerator	2641	2466	2464	1800	1562	1731	1839	1942	2092	2277	1228	299	482		
		Denominator	2859	2641	2607	1839	1583	1750	1886	2032	2208	2304	1258	466	742		
Human Resources	Staffing	Staff Sickness	≤ 3.9% per mth	3.61%	3.42%	3.35%	3.74%	4.22%	4.54%	5.50%	4.80%	4.37%	4.03%	3.82%	3.77%	3.60%	
			Numerator	1635	1480	1500	1680	1826	2042	2413	2172	1985	1714	1743	1603	1633	
			Denominator	45256	43257	44766	44883	43261	44976	43903	45256	45419	42540	45623	42527	45314	
	Staffing	Staff Turnover	≤ 15%	15.20%	14.46%	14.80%	14.70%	14.03%	14.10%	14.46%	14.70%	14.56%	14.56%	14.36%	13.59%	14.02%	
			Numerator	229	217	221	220	214	217	188	191	188	188	214	170	175	
			Denominator	1507	1501	1515	1514	1525	1521	1301	1298	1293	1293	1245	1248	1245	
	Staffing	Proportion of Temporary Staff	11.14%	11.01%	13.02%	13.17%	12.99%	12.46%	14.21%	12.20%	15.48%	15.51%	15.99%	13.39%			
			Numerator	186	185	219	224	222	210	245	206	269	270	281	218		
			Denominator	1671	1677	1683	1707	1707	1683	1725	1685	1690	1744	1758	1630		

Appendix – Weston Scorecards

Other Measures

Section		Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Quality and Safety	Falls Reduction Strategy	Falls with Moderate or Severe Harm	10 p/a	0	0	0	2	1	0	1	1	1	0	0	1	0
		Falls per 1000 bed days	5.66	5.71	4.25	7.26	4.00	3.08	3.61	3.06	3.38	3.10	4.14	3.28	4.82	6.36
			Numerator	46	33	61	33	25	29	22	28	26	32	25	28	35
		Denominator	8060	7768	8400	8258	8128	8042	7183	8279	8375	7734	7623	5813	5506	
	Hospital acquired pressure ulcer reduction strategy	Hospital Acquired Pressure Ulcers-Grade 3	7 p/a	0	0	2	2	1	1	1	0	1	0	1	1	1
		Hospital Acquired Pressure Ulcers-Grade 4	1 p/a	1	0	0	0	0	0	0	0	0	0	0	0	0
Reduce mortality related to sepsis and decrease number of patients deteriorating	No. of Cardiac arrests	20% Reduction from March 19 position	4	4	7	1	0	2	0	5	2			1		
Quality and Safety	Patient Experience	Friends & Family Test - % Wouldn't Recommend Inpatient	<2%	1.17%	1.73%	1.54%	0.48%	1.43%	1.35%	0.95%	0.79%	0.47%	0.56%			
			Numerator	9	12	11	3	8	10	6	5	3	4			
			Denominator	772	695	713	624	559	741	633	632	636	715			
		Friends & Family Test - % Wouldn't Recommend Emergency Care	<2%	3.85%	0.78%	3.52%	5.33%	6.60%	2.61%	2.27%	4.97%	2.22%	3.41%			
			Numerator	5	1	7	9	7	10	8	15	7	9			
			Denominator	130	128	199	169	106	383	352	302	315	264			
	Local Patient Survey - Were you treated with dignity and respect?	≥90% per mth	98.28%	97.50%	97.80%	98.76%	98.12%	97.82%	98.94%	97.28%	98.38%	98.65%				
		Numerator	513	468	400	397	365	539	374	394	364	438				
		Denominator	522	480	409	402	372	551	378	405	370	444				
	Local Patient Survey - How was your nursing care?	≥90% per mth	98.29%	96.67%	97.82%	98.51%	98.11%	98.55%	97.88%	99.02%	98.93%	98.43%	#DIV/0!	#DIV/0!	#DIV/0!	
		Numerator	516	464	403	398	364	544	369	406	369	438				
		Denominator	525	480	412	404	371	552	377	410	373	445				
	Incidents	Hospital Attributable Pressure Ulcer (grade 2-4) - incidence per 1000 bed days	0.92	0.87	1.03	1.55	0.73	0.25	0.75	0.42	0.97	0.96	1.16	1.18	1.72	0.91
			Numerator	7	8	13	6	2	6	3	8	8	9	9	10	5
			Denominator	8060	7768	8400	8258	8128	8042	7183	8279	8375	7734	7623	5813	5506
Incidents		Target Not Applicable	577	507	682	512	514	495	434	525	586	584	407	215	225	
Incidents - Serious Incidents		Target Not Applicable	2	2	4	4	3	3	2	1	3	1	1	4	0	
Duty of Candour Breaches	Nil	0	0	0	0	0	0	0	0	0	0	0	0	0		
Complaints	Complaints - Received Trust total	Target Not Applicable	9	19	15	19	29	19	19	28	24	22	15	9	24	6
	Complaints - Trust Response Rate	85%	91.00%	100%	66%	64%	66%	66%	66%	78%	47%	53%	53%	52%	76%	100%

Appendix – Weston Scorecards

Section		Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	
Operations	Emergency Department	12 Hour Trolley Waits	0	4	15	18	11	39	21	127	124	257	134	41	0	1	
		Green to Go- average	30	56	47	62	65	63	48	50	62	65	63	61	29	32	
		Bed days lost to patients on the Green to Go list		1732	1407	1928	2012	1883	1494	1501	1936	2030	1814	1889	880	1003	
		Re-attendance at ED within 7 days of original attendance	between 1% - 5%		5.35%	6.37%	6.92%	6.06%	6.19%	6.49%	6.24%	6.25%	6.38%	5.96%	5.57%	6.59%	0%
			Numerator	258	272	322	269	276	281	253	264	257	232	170	130	0	
		Denominator	4823	4268	4652	4442	4458	4330	4055	4226	4029	3893	3050	1972	2146		
		95th percentile of times from arrival at ED to admission, transfer or discharge	≤4:00hr	10:15:00	11:56:00	13:50:00	13:15:00	14:48:00	13:56:00	15:16:21	15:55:00	19:10:00	14:53:00	09:33:00	05:15:00		
		The percentage of people who leave the ED department without being seen	≤ 5% per mth		1.94%	2.00%	0.32%	2.57%	3.43%	2.70%	3.25%	2.70%	2.13%	2.72%	1.73%	0.20%	0.62%
			Numerator	88	86	15	114	153	116	133	114	86	106	53	4	13	
		Denominator	4529	4305	4662	4444	4458	4290	4094	4220	4037	3893	3056	1968	2094		
	Median time spent from arrival at ED to treatment	≤01:00 hrs	01:07:00	01:17:00	01:13:00	01:18:00	01:15:00	01:09:00	01:21:05	01:07:00	01:04:00	01:12:00	00:53:00	00:19:00	00:22:00		
	Median time from arrival at ED to assessment	≤00:15 mins	00:15:00	00:17:00	00:18:00	00:20:00	00:19:00	00:17:00	00:17:00	00:16:00	00:16:00	00:16:00	00:15:00	00:10:00	00:10:00		
	ED Attendances		4529	4305	4662	4444	4458	4290	4094	4220	4037	3893	3056	1968	2094		
	ED Attendances - Plan		4444	4398	4658	4486	4094	4197	4013	3889	4077	3739	4246	4078			
	Ambulance Handover Delays	% Total Ambulance arrivals delayed > 30 - 60 mins	0%	5.87%	5.09%	5.95%	7.35%	7.63%	6.59%	10.72%	10.12%	9.83%	9.59%	7.93%	1.48%	3.70%	
Numerator			63	54	61	77	79	72	115	114	110	100	71	11	26		
Denominator			1074	1061	1026	1047	1036	1093	1073	1127	1119	1043	895	741	703		
% Total Ambulance arrivals delayed > 60 mins		0%	0.74%	0.19%	0.78%	0.96%	0.97%	0.64%	0.56%	1.15%	1.43%	0.96%	0.67%	0%	0.14%		
		Numerator	8	2	8	10	10	7	6	13	16	10	6	0	1		
		Denominator	1074	1061	1026	1047	1036	1093	1073	1127	1119	1043	895	741	703		

No.	Section	Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
110	Operations	Breast Symptoms Referred To A Specialist Who Are Seen Within 2 Weeks Of Referral	≥93% per mth	100%	97%	100%	87.50%	90.00%	94.44%	87.50%	100%	55.56%	80.00%	88.89%	0.00%	
			Numerator	18	32	24	7	9	17	7	14	5	12	8		
			Denominator	18	33	24	8	10	18	8	14	9	15	9		
			Quarterly	99.07%			95.24%			95%			76%			
			Num	107			40			38			25			
			Denom	108			42			40			33			
111	Operations	31 Days For Second Or Subsequent Cancer Treatment - Surgery	≥94% per mth	75.00%	100%	100%	50.00%	75.00%	83.33%	80.00%	100%	100%	100%	100%		
			Numerator	6	3	6	1	3	5	4	5	6	9	3		
			Denominator	8	3	6	2	4	6	5	5	6	9	3		
			Quarterly	80.00%			83.33%			87.50%			100%			
			Num	12			10			14			18			
			Denom	15			12			16			18			

Appendix – Weston Scorecards

Section	Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	
Operations	31 Days For Second Or Subsequent Cancer Treatment - Drug Treatment	≥98% per mth	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
		Numerator	4	6	7	5	2	8	4	16	13	9	10			
		Denominator	4	6	7	5	2	8	4	16	13	9	10			
		Quarterly	100%			88%			100%			100%				
		Num	18			14			28			32				
		Denom	18			16			28			32				
	2 week wait (urgent GP referral to 1st outpatient appointment all urgent suspected cancer referrals)	≥93% per mth	97.45%	97.25%	81.88%	69.31%	80.44%	96.04%	95.07%	95.86%	94.51%	97.03%	97.51%	#DIV/0!		
		Numerator	420	460	375	280	362	509	444	463	413	424	391			
		Denominator	431	473	458	404	450	530	467	483	437	437	401			
		Quarterly	96.97%			77.52%			95.68%			96.31%				
		Num	1282			1017			1416			1228				
		Denom	1322			1312			1480			1275				
	NHS Cancer Plan 31 Day Standard	≥96% per mth	100%	98%	100%	95.74%	97.92%	100%	97.50%	95.92%	92.68%	100%	100%			
		Numerator	54	47	38	45	47	49	39	47	38	47	62			
		Denominator	54	48	38	47	48	49	40	49	41	47	62			
		Quarterly	99.31%			97.74%			97.83%			98.00%				
		Num	143			130			135			147				
		Denom	144			133			138			150				

Appendix – Weston Scorecards

Section	Metric	Standard 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	
Operations	Stroke	Stroke Care - Stroke patients to spend 90% of their stay on a stroke unit	≥90% per mth	75.00%	64.29%	46.15%	81.25%	76.47%	70.00%	83.33%	95.24%	75.00%	83.33%	82.35%	83.33%	
		Numerator	15	9	6	13	13	13	21	15	20	15	15	14	15	
		Denominator	20	14	13	16	17	17	30	18	21	20	18	17	18	
	Re-admissions	Emergency re-admissions within 30 days following an elective or emergency spell	n/a	5.20%	6.09%	5.77%	4.81%	4.87%	4.53%	5.09%	4.82%	6.37%	5.09%	4.60%	5.56%	4.15%
			Numerator	137	147	152	115	118	125	127	121	163	122	97	68	43
			Denominator	2633	2413	2633	2393	2421	2762	2493	2509	2557	2395	2110	1223	1035
	Fractured Neck of Femur	#NOF - Percentage of Patients Assessed by Ortho-geriatrician within 72hrs of admission to ED or fall within hospital	90%	100%	100%	97%	90%	94%	94%	100%	100%	100%	100%	100%	92%	92%
			Numerator	31	19	30	19	29	15	12	22	17	21	24	23	22
			Denominator	31	19	31	21	31	16	12	22	17	21	24	25	24
		#NOF - Surgery within 36hrs of admission to ED or fall within hospital	n/a	77.42%	73.68%	87.10%	90.48%	64.52%	87.50%	100%	95.45%	88.24%	90.48%	70.83%	80.00%	75.00%
			Numerator	24	14	27	19	20	14	12	21	15	19	17	20	18
	Number of #NOFs discharged	n/a	31	19	31	21	31	16	12	22	17	21	24	25	24	
		Denominator	31	19	31	21	31	16	12	22	17	21	24	25	24	
	High Risk Transient Ischemic Attack	% of High Risk TIA Patients seen within 24 hours	60%	61.11%	76.92%	52.94%	40.00%	29.41%	77.27%	82.35%	68.42%	84.21%	50.00%	60.00%	55.56%	44.44%
			Numerator	11	10	9	6	5	17	14	13	16	8	6	5	4
			Denominator	18	13	17	15	17	22	17	19	19	16	10	9	9
	RTT	RTT waits over 52 weeks for incomplete pathways	0	3	3	2	2	3	4	7	5	9	18	22	36	61
			Denominator	18	13	17	15	17	22	17	19	19	16	10	9	9
	Access and Waiting Times	NHS E-Referral slot availability	≥96% per mth	95.58%	94.83%	94.92%	93.72%	99.44%	96.24%	97.59%	97.96%	97.38%	97.99%	97.09%		
			Numerator	2573	2514	2839	2269	2490	2896	2829	2447	2859	2541	2100		
			Denominator	2692	2651	2991	2421	2504	3009	2899	2498	2936	2593	2163		
		Daycase Rate	≥85% per mth	92.74%	92.99%	94.21%	92.85%	87.36%	92.35%	92.78%	92.89%	94.39%	93.11%	93.83%	95.19%	96.00%
			Numerator	1188	1128	1269	1091	1127	1280	1144	1085	1144	1121	898	376	264
			Denominator	1281	1213	1347	1175	1290	1386	1233	1168	1212	1204	957	395	275
Outpatient DNA Rate		≤8% per mth	6.22%	5.69%	6.40%	6.83%	6.39%	6.09%	6.51%	6.19%	5.94%	5.63%	6.15%	3.81%	3.56%	
		Numerator	871	733	958	867	850	921	913	712	807	719	670	252	194	
		Denominator	14000	12884	14971	12686	13310	15128	14021	11495	13579	12773	10886	6622	5457	
Outpatient New to Follow Up		≤1.6 per mth	1.90	1.94	1.95	1.84	1.84	1.75	1.98	1.92	1.95	1.83	2.07	2.79	2.97	
		Numerator	8607	8022	9255	7664	8077	9040	8708	7093	8445	7794	6887	4689	3938	
		Denominator	4522	4129	4758	4155	4383	5167	4400	3690	4327	4260	3329	1681	1325	
Cancelled Ops	Cancellation of Elective Care Operations on the day for Non-Clinical reasons	≤0.8% per mth	1.10%	3.43%	4.46%	2.27%	3.26%	0.76%	3.20%	3.72%	10.93%	3.02%	2.55%	2.63%	0.00%	
		Numerator	5	16	20	9	12	4	15	15	34	14	6	1	0	
		Denominator	456	466	448	396	368	529	469	403	311	463	235	38	24	
	Cancelled operations -95% of cancelled patients to be rebooked within 28 days	95%	88%	100%	100%	80%	100%	80%	88%	92%						
		Numerator	7	5	15	4	9	4	7	11						
		Denominator	8	5	15	5	9	5	8	12						
	Urgent Operations- no urgent operation should be cancelled for a second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Denominator		0	0	0	0	0	0	0	0	0	0	0	0	0		

Meeting of the Board of Director – 30 June 2020

Reporting Committee	Quality & Outcomes Committee – June 2020
Chaired By	Julian Dennis, Non-Executive Director
Executive Lead	Mark Smith, Chief Operating Officer and Deputy Chief Executive Carolyn Mills, Chief Nurse William Oldfield, Medical Director

For Information

1. The meeting considered a range of quality and access information including the Integrated Performance Report (formerly the Quality and Performance report) and the Root Cause Analysis Report. The following were highlighted and discussed:
 - In respect of the IPR the Committee welcomed and supported the new format of the report, which aligned with the CQC domains. It was noted that there was a separate section for Weston data which would enable continued scrutiny of this. It was reported that attendance at ED was up and was higher in Bristol than the national average. It was questioned whether the lessons from the Covid-19 outbreak and the public's use of ED would be taken forward, and it was confirmed that reconfiguration of the ED was under active consideration, particularly around the queue. It was agreed that in light of the concerns regarding BAME staff being more vulnerable to Covid-19, protected characteristics data would be added to the IPR as an additional page on an exceptional basis every other month during the outbreak.
 - Much of the meeting was spent considering the Root Cause Analysis Report, the Committee, and two cases in particular resulted in action points. The Committee asked that the access to the tissue viability nurse and equipment at South Bristol be checked as there appeared to be an issue with this as highlighted in one of the cases considered. In respect of a respiratory failure case, it was requested that the NIV protocol used be investigated as this appeared to be the root cause in this instance. It was noted that there were no Weston cases included in the report, and it was reported that these were being reported and were in the review system, and would begin to appear from the July report onwards.
2. The Committee received the following reports for information and assurance:
 - Monthly Nurse Safe Staffing Report
 - Quarterly Inquest Report

For Board Awareness, Action or Response

3. The Committee considered reports which provided an overview of the management and organisational response to the Covid-19 outbreak at Weston

General Hospital, and it was noted that these would also be considered by the Trust Board the following week. Whilst this was acknowledged as an extremely challenging situation the Committee thanked those responsible for managing the Trust's response, which was now seen as being best practice and was being used as a model elsewhere. A detailed timeline of the outbreak was provided to the Committee and how the Trust had developed its response accordingly, as the Committee was assured by the steps taken. The Committee also considered a review of Covid-19 deaths within the Trust where the patient had not been treated in ICU, and it was found that there was no evidence that the decisions to not refer these to ICU were inappropriate. There was some concern regarding the structure of this report and it was confirmed that this was due to it following the Structured Judgement Review process, and that this would only form a part of the wider Serious Incident Review.

4. There were a number of issues in the IPR which fell within the remit of the People Committee, and it was agreed that these would be flagged to the Chair of the People Committee for consideration at its next meeting. Particular concern was expressed regarding compliance in respect of resuscitation training.

Key Decisions and Actions

N/A

Date of next meeting:

27 July 2020

**Meeting of the Board of Directors on 30 June 2020 in the Conference Room,
Trust Headquarters**

Reporting Committee	Finance Committee
Chaired By	Martin Sykes, Non-Executive Director
Executive Lead	Neil Kemsley, Director of Finance and Information

For Information

The Committee considered the financial performance of the Trust to the end of May 2020. Given the change to the financial regime for 2020/21, in response to the Covid-19 Pandemic, with a move to block contracts from Payment by Results, the Trust was reporting a break even position.

Divisional budgets had been established and were £0.7 adverse to budget, but £5.2m favourable after removing Covid related expenditure. Savings targets had been set at least equal to the underlying deficit brought forward from 2019/20. Of the year to date savings target of £3.1m, £1m had been achieved.

The capital plan was being re-profiled in light of the Covid response.

The Committee received the minutes from the first meeting of the Digital Hospital Programme Board in recognition of the wider role of the Committee in seeking assurance about the Trust's digital programme.

For Board Awareness, Action or Response

The Committee considered the short and medium term risks to the Trust's financial position. These included:

- a return to Payment by Results which would affect the Trust's overall income due to reduced capacity to safety care for patients due to Covid
- any further changes to the payment mechanism given the need for further detail on how any changes would be implemented and how the expected changes may be linked to delivering financial balance in aggregate across the STP
- introduction of an STP control total for capital may impact on the Trust's autonomy to progress redevelopment schemes
- the ability to deliver the in-year savings programme given the current organisational priority to restore clinical capacity and ensure the safe care of patients. This may have an impact on the savings programme for 2021/22.

Key Decisions and Actions

The Committee:

- Considered the approach to the National Cost Collection exercise and approved the current process as sufficient to assure the Board on the plan to complete the mandated costing submission for 2019/20 on time and in accordance with the guidance.

Agreed to review its Terms of Reference and business cycle to ensure that it fully included its role of seeking assurance around the Trust's digital programme.

Additional Chair Comments	
<p>The updated Terms of Reference will formalise how the committee will gain oversight and assurance of the Trust 'digital' functions on behalf of the Board. Should Board members have any particular issues that should be included then please feed these to either Martin Sykes or Eric Sanders.</p>	
Date of next meeting:	28 July 2020